

Conditional Provisional Insurance Coverage Letter

Subject: Conditional Provisional Insurance Coverage

Dear [Policyholder Name],

We are pleased to offer you provisional insurance coverage for [Insurance Type] effective immediately. This coverage is conditional on the submission of the following documents:

- Medical examination report
- Proof of prior coverage
- Any additional information requested

Final confirmation of coverage will follow upon receipt and approval of these items. Please contact us for any clarification.

Sincerely,

[Insurance Officer Name]

[Insurance Company Name]

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