

Travel Insurance Policy Coverage Assessment

Date: **[Insert Date]**

To: **[Recipient Name]**

[Recipient Address]

[City, State, Zip Code]

Dear **[Recipient Name]**,

We are writing to provide you with an assessment of your travel insurance policy coverage purchased on **[Purchase Date]**. Below you will find a detailed outline of your coverage and any exclusions that may apply.

Coverage Summary

- **Trip Cancellation:** Up to **[amount]**
- **Medical Expenses:** Up to **[amount]**
- **Emergency Evacuation:** Up to **[amount]**
- **Luggage Loss:** Up to **[amount]**
- **Travel Delay:** Up to **[amount]**

Exclusions

Please be aware of the following common exclusions:

- Pre-existing medical conditions
- Travel to high-risk countries
- Incidents related to alcohol or drug use
- Failure to seek medical attention in a timely manner

If you have any questions regarding your policy or need further assistance, please do not hesitate to contact us at **[Contact Information]**.

Thank you for choosing our travel insurance services.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]