

Shipping Insurance Contact Information

Date: [Insert Date]

To Whom It May Concern,

This letter serves to provide you with the contact information for our shipping insurance provider:

Insurance Provider:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Phone: [Insurance Company Phone Number]

Email: [Insurance Company Email Address]

Website: [Insurance Company Website]

Should you require assistance regarding shipping insurance claims or inquiries, please do not hesitate to reach out to the above contacts.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

Phone: [Your Phone Number]

Email: [Your Email Address]