

Cargo Insurance Coverage Verification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to confirm the cargo insurance coverage for the shipment scheduled for [Insert Shipment Date]. The details of the cargo and the corresponding insurance coverage are outlined below:

Shipment Details:

- **Shipment Origin:** [Origin Location]
- **Shipment Destination:** [Destination Location]
- **Description of Goods:** [Description]
- **Estimated Value:** [Value]

Insurance Coverage:

- **Insurance Provider:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Coverage Amount:** [Coverage Amount]
- **Coverage Period:** [Coverage Start Date] to [Coverage End Date]

This cargo insurance policy provides coverage against loss or damage during transit. Should you require any further information or have any inquiries regarding the insurance coverage, please do not hesitate to contact us.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]