

Insurance Policy Confirmation for Volunteer Activities

Date: [Insert Date]

To: [Volunteer Name]

Address: [Volunteer Address]

Dear [Volunteer Name],

We are pleased to inform you that you are covered under our insurance policy while participating in volunteer activities organized by [Organization Name]. This coverage is effective from [Start Date] to [End Date].

Policy Details:

- Policy Number: [Policy Number]
- Insurer: [Insurer Name]
- Coverage Type: [Coverage Type]
- Coverage Limits: [Coverage Limits]

Please make sure to keep this letter as proof of insurance. If you have any questions regarding your coverage, feel free to contact us at [Contact Information].

Thank you for your dedication and contribution to our community.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Contact Information]