

Volunteer Insurance Coverage Details

Date: [Insert Date]

Dear [Volunteer Name],

Thank you for your commitment to volunteering with [Organization Name]. We appreciate your dedication and support. As a valued volunteer, we want to ensure you are aware of the insurance coverage provided during your time with us.

Insurance Coverage Details:

- **Type of Coverage:** [Describe type of insurance, e.g., general liability insurance, accident insurance]
- **Coverage Limits:** [Specify limits of coverage]
- **Duration of Coverage:** [Specify the duration of coverage, e.g., during events, activities, etc.]
- **Contact Information:** For any inquiries, please contact [Contact Name] at [Contact Number] or [Contact Email].

Please retain this document for your records. Should you have any questions or need further clarification about your coverage, feel free to reach out.

Thank you once again for your invaluable service.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Organization Address]

[Organization Phone Number]