

Confirmation of Coverage for Transport Services

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm your coverage for transport services as requested. The details of your coverage are as follows:

- **Coverage Start Date:** [Start Date]
- **Coverage End Date:** [End Date]
- **Type of Transport Services:** [Type or Description]
- **Coverage Amount:** [Amount or Details]

Please keep this letter for your records. If you have any questions or require further assistance, feel free to contact us at [Contact Information].

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]