

Letter of Evidence of Insurance

Date: [Insert Date]

To Whom It May Concern,

This letter serves as evidence of insurance coverage for.

Carrier Name: [Insert Carrier Name]

Policy Number: [Insert Policy Number]

Insured Amount: [Insert Insured Amount]

Effective Date: [Insert Effective Date]

Expiration Date: [Insert Expiration Date]

The above-mentioned freight carrier is fully insured in accordance with the applicable laws and regulations governing freight transportation. This coverage adequately protects against loss, damage, or liability related to freight transport.

If you require any further information or verification, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]

[Your Contact Information]