

# Insurance Proof Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves as proof of insurance for [Company Name], engaged in transportation services.

We hereby confirm that [Company Name] holds a valid insurance policy with [Insurance Provider Name]. The details of the policy are as follows:

- **Policy Number:** [Insert Policy Number]
- **Effective Date:** [Insert Effective Date]
- **Expiration Date:** [Insert Expiration Date]
- **Coverage Amount:** [Insert Coverage Amount]
- **Type of Coverage:** [Insert Type of Coverage]

Please feel free to contact us at [Contact Information] for any further verification or additional information.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Contact Number]

[Email Address]