

Insurance Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm the insurance coverage for [Company Name], which provides hauling services. The details of the insurance coverage are as follows:

- **Insured Entity:** [Company Name]
- **Insurance Provider:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Coverage Type:** [Type of Coverage]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]

Please feel free to contact us at [Phone Number] or [Email Address] for any further verification or inquiries.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]