

Proof of Insurance Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves as proof of insurance for [Logistics Company Name], located at [Company Address]. We are committed to providing safe and reliable logistics services.

Insurance Provider: [Insurance Company Name]

Policy Number: [Policy Number]

Coverage Amount: [Coverage Amount]

Policy Effective Date: [Start Date]

Policy Expiration Date: [End Date]

This insurance policy covers liability, cargo loss, and other necessary coverages required for our operations. For any inquiries regarding this policy, please contact our insurance provider at [Insurance Company Phone Number].

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Logistics Company Name]

[Contact Information]