

Transportation Service Liability Insurance Proof

Date: [Insert Date]

To Whom It May Concern,

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

Insured Entity: [Company Name]

Policy Number: [Policy Number]

Coverage Amount: [Coverage Amount]

Policy Effective Date: [Effective Date]

Policy Expiration Date: [Expiration Date]

The liability insurance covers any damages or injuries that may occur while providing transportation services, ensuring compliance with local and federal regulations.

If you have any questions regarding this insurance or require further documentation, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Phone Number]

[Email Address]