

Travel Insurance Assurance Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Insured's Name], holder of passport number [Passport Number], has purchased a travel insurance policy with [Insurance Company Name]. The details of the policy are as follows:

- Policy Number: [Policy Number]
- Coverage Amount: [Coverage Amount]
- Coverage Period: [Start Date] to [End Date]
- Coverage Area: [Countries Covered]

This policy provides comprehensive coverage including but not limited to medical expenses, trip cancellation, lost luggage, and other travel-related incidents, as required by the visa application.

If you have any questions or require further information, please feel free to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[Phone Number]

[Email Address]