

Insurance Confirmation Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Insured's Name], holder of policy number [Policy Number], is covered by a comprehensive insurance plan provided by [Insurance Company Name].

The insurance coverage is valid from [Start Date] to [End Date] and meets the required criteria for [specific visa type, e.g., Schengen Visa].

Details of the coverage include:

- Medical expenses up to [Amount]
- Repatriation expenses up to [Amount]
- Coverage for COVID-19 related incidents

If you require any further information, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[Phone Number]

[Email Address]