

Travel Coverage Proof for Embassy Submission

Date: [Insert Date]

To Whom It May Concern,

This letter serves as proof of travel insurance coverage for [Your Full Name], holding passport number [Your Passport Number].

Policy Number: [Your Policy Number]

Insurer: [Insurance Company Name]

Policy Coverage Period: [Start Date] to [End Date]

Coverage Amount: [Coverage Amount] (including medical emergencies, trip cancellations, and other travel-related incidents).

For additional verification, please find the attached documents outlining the policy details.

Should you require any further information or clarification, please feel free to contact us at [Insurance Company Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Email]

[Your Phone Number]