

Travel Insurance Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Name of Insured], holding policy number [Policy Number], is covered under our travel insurance plan provided by [Insurance Company Name]. The insurance coverage is valid from [Start Date] to [End Date] and includes benefits such as medical emergencies, trip cancellations, and lost baggage.

Please feel free to contact us at [Contact Information] for any further information or verification.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[Phone Number]

[Email Address]