

Auto Insurance Coverage Confirmation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to request confirmation of my auto insurance coverage with [Insurance Company Name]. My policy number is [Insert Policy Number]. I would appreciate it if you could provide me with written confirmation of my current coverage details, including any applicable deductibles and limits.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]