

Auto Insurance Coverage Statement

Date: [Date]

To: [Insured Name]

Address: [Insured Address]

Policy Number: [Policy Number]

Dear [Insured Name],

We are writing to confirm your auto insurance coverage with [Insurance Company Name].
Below are the details of your current policy:

Coverage Details:

- **Liability Coverage:** \$[Amount]
- **Collision Coverage:** \$[Amount]
- **Comprehensive Coverage:** \$[Amount]
- **Uninsured Motorist Coverage:** \$[Amount]
- **Personal Injury Protection:** \$[Amount]

This policy is effective from [Start Date] to [End Date]. Please ensure that your premiums are paid on time to maintain your coverage.

If you have any questions regarding your policy or coverage details, please do not hesitate to contact us at [Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]