

Auto Insurance Policy Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to request verification of my auto insurance policy with [Insurance Company Name], under policy number [Policy Number].

Details of the policy are as follows:

- Policyholder Name: [Your Name]
- Vehicle Make and Model: [Vehicle Make and Model]
- Policy Effective Date: [Start Date]
- Policy Expiration Date: [End Date]

Please confirm the validity of the above-mentioned policy and provide any necessary documentation at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]