

Proof of Coverage

Date: [Insert Date]

To Whom It May Concern,

This letter serves as proof of auto insurance coverage for the policyholder named below:

Policyholder Information

Name: [Policyholder's Name]

Address: [Policyholder's Address]

Phone Number: [Policyholder's Phone Number]

Insurance Details

Insurance Company: [Insurance Company Name]

Policy Number: [Policy Number]

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

Vehicle Information

Vehicle Make: [Make]

Vehicle Model: [Model]

Vehicle Year: [Year]

VIN: [Vehicle Identification Number]

This policy provides coverage for liability, collision, and comprehensive damages as per the terms and conditions stipulated in the attached policy documentation.

If you have any questions regarding this coverage, please feel free to contact us at [Insurance Company Phone Number].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]