

Marine Insurance Coverage Verification

Date: [Insert Date]

To,

[Recipient Name]

[Recipient Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Verification of Marine Insurance Coverage Details

We are currently reviewing our marine insurance coverage and would like to verify the following details regarding our policy:

- **Policy Number:** [Insert Policy Number]
- **Insured Vessels:** [List Insured Vessels]
- **Coverage Period:** [Insert Coverage Period]
- **Coverage Amount:** [Insert Coverage Amount]
- **Policy Exclusions:** [Insert Any Known Exclusions]

Kindly confirm the accuracy of these details at your earliest convenience. If there are any discrepancies or additional information required, please do not hesitate to reach out.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]