

Proof of International Travel Insurance

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Insured's Name], holding the policy number [Policy Number], is covered under our international travel insurance policy effective from [Start Date] to [End Date].

Coverage includes:

- Medical expenses
- Trip cancellation
- Lost baggage
- Emergency evacuation

For further verification, please feel free to contact us at [Insurance Company Contact Information].

Thank you.

Sincerely,
[Your Name]
[Your Position]
[Insurance Company Name]
[Insurance Company Address]
[Insurance Company Phone Number]