

# Insurance Verification Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Attention: [Contact Person or Department]

Dear [Contact Person's Name],

I hope this message finds you well. I am writing to request verification of named driver insurance coverage for the following individual:

**Driver's Name:** [Insert Driver's Full Name]

**Policy Number:** [Insert Policy Number]

**Vehicle Information:** [Make, Model, Year of Vehicle]

Please confirm whether the above-mentioned driver is covered under the specified policy. If you need any additional information to process this request, do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]