Application for Insurance Verification

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Representative's Name],

I am writing to request verification of my insurance policy with [Insurance Company Name]. My policy number is [Policy Number]. I need this verification for [specific purpose, if applicable].

Please let me know if any further information is required to expedite the verification process. I appreciate your assistance and look forward to your prompt response.

Thank you for your time.

Sincerely,

[Your Name]