

# Coverage Verification Letter

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

To Whom It May Concern:

This letter is to verify the liability insurance coverage for [Insured's Name], policy number [Policy Number], effective from [Start Date] to [End Date].

The coverage limits are as follows:

- General Liability: \$[Amount]
- Automobile Liability: \$[Amount]
- Excess Liability: \$[Amount]

If you require any further information or have any questions, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]