

Coverage Verification Letter

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Verification of Coverage for Policy Number: [Insert Policy Number]

Dear [Insurance Company Contact Name],

I am writing to request verification of coverage for my life insurance policy, identified by policy number [Insert Policy Number]. This verification is necessary for [insert reason - e.g., personal records, loan application, etc.].

Please provide confirmation regarding the following:

- Effective date of the policy
- Coverage amount
- Beneficiaries listed
- Status of premiums

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]