

Coverage Verification Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

To Whom It May Concern,

I am writing to request verification of coverage for my auto insurance policy with your company. Please find the relevant details below:

Policy Holder Name: [Your Name]

Policy Number: [Your Policy Number]

Vehicle Information:

- **Make:** [Vehicle Make]
- **Model:** [Vehicle Model]
- **Year:** [Vehicle Year]
- **VIN:** [Vehicle VIN]

Could you please confirm the current status of my coverage, including any limits or exclusions that may apply? Your prompt response will be appreciated as it is vital for ongoing compliance with my obligations.

Thank you for your assistance.

Sincerely,

[Your Signature (if mailing)]

[Your Printed Name]