

# Coverage Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm the travel insurance coverage for:

**Insured Name:** [Insert Insured Name]

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

**Coverage Period:** [Insert Start Date] to [Insert End Date]

The insurance policy includes coverage for medical expenses, trip cancellations, lost luggage, and other travel-related incidents as outlined in the policy documents.

If you require any additional information or documentation, please feel free to contact us at [Insert Contact Information].

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Contact Information]