

Address Verification for Insurance Claims

Date: [Insert Date]

To Whom It May Concern,

We are writing to confirm the address of the insured party for the purpose of processing their insurance claim.

Insured Name: [Insert Insured Name]

Address: [Insert Full Address]

This letter serves to verify that the above address is current and valid for the insured party.

If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]