

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

To Whom It May Concern,

I am writing to request verification of auto insurance for the policy of the following individual:

Insured Name: [Insert Name]

Policy Number: [Insert Policy Number]

Vehicle Information:

Make: [Insert Make]

Model: [Insert Model]

Year: [Insert Year]

Please confirm the coverage status, including the effective dates and any relevant details regarding the policy. This information is needed for [state purpose, e.g., loan, registration, etc.].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]