

Insurance Policy Verification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Subject: Verification of Insurance Policy

Dear [Insurance Company Representative's Name],

I am writing to request verification of my insurance policy. Below are the details regarding my policy:

- Policy Number: [Insert Policy Number]
- Policy Holder: [Your Name]
- Type of Insurance: [Type of Insurance]
- Effective Date: [Effective Date]
- Expiration Date: [Expiration Date]

Please confirm the validity of my policy and provide any additional information needed for verification purposes.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]