

Statement of Coverage Verification

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

This letter is to verify the coverage status of [Insured's Name] under policy number [Policy Number]. This coverage is active and in good standing as of [Effective Date].

Coverage Details:

- Type of Coverage: [Type]
- Policy Limits: [Limits]
- Expiration Date: [Expiration Date]

If you have any questions or require further information, please feel free to contact me directly.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Company]