

Verification of Life Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

To Whom It May Concern:

This letter is to verify that [Insured's Name], residing at [Insured's Address], holds a life insurance policy with [Insurance Company Name]. The details of the policy are as follows:

- Policy Number: [Insert Policy Number]
- Coverage Amount: [Insert Coverage Amount]
- Policy Start Date: [Insert Start Date]
- Policy Type: [Insert Type of Policy]

This verification confirms that the policy is active and in force as of the date of this letter.

If you require any further information or assistance, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Company Name]