

Insurance Coverage Verification Letter

Date: [Insert Date]

To: [Recipient's Name]

Company: [Recipient's Company]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are writing to verify the insurance coverage for [Insured's Name], with policy number [Policy Number]. This verification is requested for the purposes of [reason for verification].

Insured's Information:

- Name: [Insured's Name]
- Policy Number: [Policy Number]
- Effective Date: [Effective Date]
- Expiration Date: [Expiration Date]
- Coverage Type: [Coverage Type]

Please confirm the above-mentioned details at your earliest convenience. If you require any further information or documentation, do not hesitate to reach out.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]