

Proof of Insurance Letter

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Subject: Proof of Insurance

Dear [Recipient's Name],

This letter serves as proof of insurance for [Policy Holder's Name]. We confirm that [his/her/their] insurance policy is active and in good standing with [Insurance Company Name]. Below are the details of the policy:

- Policy Number: [Insert Policy Number]
- Type of Coverage: [Insert Type of Coverage]
- Effective Date: [Insert Effective Date]
- Expiration Date: [Insert Expiration Date]
- Insured Amount: [Insert Insured Amount]

If you have any questions or need further verification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Position]
[Company Name]