

Insurance Coverage Verification

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves to verify the insurance coverage for the vehicle associated with the auto financing provided by [Financing Institution Name]. Below are the details of the insurance policy:

Insured Vehicle	[Year, Make, Model]
Insurance Company	[Insurance Company Name]
Policy Number	[Policy Number]
Coverage Type	[Type of Coverage]
Effective Date	[Start Date]
Expiration Date	[End Date]

Please confirm that the above information satisfies the requirements for the auto financing agreement. If further information is needed, 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 Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]