

Insurance Coverage Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify that [Insured's Name] is currently covered by an insurance policy with [Insurance Company Name]. The details of this coverage are as follows:

- **Policy Number:** [Policy Number]
- **Coverage Type:** [Type of Coverage]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Coverage Amount:** [Coverage Amount]

This insurance coverage meets the requirements set forth by [Educational Institution Name] for [specific purpose, e.g., enrollment, participation in activities, etc.].

If you have any questions or require further information, please feel free to contact me at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]