

Insurance Coverage Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify that [Business Name], located at [Business Address], holds an active insurance policy with [Insurance Company Name]. The details of the coverage are as follows:

- **Policy Number:** [Policy Number]
- **Coverage Type:** [Type of Coverage (e.g., General Liability, Property Insurance)]
- **Coverage Amount:** \$[Coverage Amount]
- **Effective Date:** [Effective Date]
- **Expiration Date:** [Expiration Date]

This insurance coverage is sufficient to meet the requirements for securing a small business loan as outlined by [Lender's Name].

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

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company Phone Number]