

# Insurance Coverage Verification

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify the travel insurance coverage for the following individual:

**Name:** [Insured Person's Name]

**Policy Number:** [Policy Number]

**Travel Dates:** [Start Date] to [End Date]

**Destinations:** [List of Destinations]

We confirm that this individual is covered under our travel insurance policy, which includes protection for medical emergencies, trip cancellations, lost luggage, and other related travel incidents.

If you require further details or have questions regarding the coverage, please feel free to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]