Verification of Insurance Endorsement

Date: [Insert Date]

[Recipient's Name]

[Recipient's Position]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to verify the insurance endorsement for the policy number [Policy Number] issued to [Insured's Name]. The endorsement was effective as of [Effective Date] and covers the following risks:

- [Risk 1]
- [Risk 2]
- [Risk 3]

Please find attached the documentation supporting this verification. Should you require any further information, do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]