Insurance Coverage Authentication

Sender's Name
Sender's Address
City, State, Zip Code
Email: sender@example.com
Phone: (123) 456-7890

Date: [Insert Date]

Recipient's Name
Recipient's Address
City, State, Zip Code

Subject: Authentication of Insurance Coverage

Dear [Recipient's Name],

This letter is to authenticate that [Insured's Name] holds a current insurance policy with [Insurance Company Name]. The policy number is [Policy Number], and it provides coverage as follows:

- Type of Coverage: [Type]
- Coverage Amount: [Amount]
- Policy Start Date: [Start Date]
- Policy Expiration Date: [Expiration Date]

Please feel free to contact us at [Insurance Company Contact Information] for any further verification or details regarding this policy.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Title]
[Insurance Company Name]