

# Insurance Underwriting Verification

**Date:** [Insert Date]

**To:** [Insert Recipient's Name]

**Address:** [Insert Recipient's Address]

Dear [Recipient's Name],

We are writing to confirm the underwriting verification for the insurance policy referenced below:

**Policy Number:** [Insert Policy Number]

**Insured Name:** [Insert Insured Name]

**Policy Effective Date:** [Insert Effective Date]

This letter serves as verification that the underwriting process has been completed and the insurance coverage is currently in effect. Please review the terms and conditions outlined in the policy documentation.

If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Company Address]

[Contact Information]