

Coverage Confirmation Letter

Date:

To:

Address:

Dear ,

This letter is to confirm that the following insurance coverage is currently in force:

- Policy Number:
- Type of Coverage:
- Insured Name:
- Effective Date:
- Expiration Date:
- Coverage Limits:

Please note that this letter is issued as a matter of information only and confers no rights upon the certificate holder.

If you have any questions regarding this coverage, please contact our office at

Sincerely,
