Liability Insurance Confirmation

This document serves as confirmation of liability insurance coverage for the individual or entity listed below.

Insured Information

Name of Insured:	
Address:	
Policy Number:	
Effective Date:	
Expiration Date:	
Type of Coverage:	
Limit of Liability:	

Insurance Company Information

Insurance Company:	
Contact Number:	
Email Address:	

This confirmation is issued as a matter of information only and confers no rights upon the certificate holder. Coverage is subject to all terms and conditions of the actual insurance policy.

Date Issued:

Authorized Signature: