

Date: [Date]

[Insurance Company Name]

[Insurance Agent Name]

[Street Address]

[City, State, Zip Code]

RE: Coverage Verification for [Borrower Name]

To Whom It May Concern,

The individual listed below has applied for an auto loan with [Credit Union Name] and has referred your agency as their insurance provider. Please provide verification of coverage for the following vehicle:

- **Borrower Name:** [Borrower Name]
- **Policy Number:** [Policy Number, if known]
- **Vehicle Year/Make/Model:** [Year] [Make] [Model]
- **Vehicle Identification Number (VIN):** [VIN]

Please ensure the policy meets the following credit union requirements:

1. Comprehensive and Collision coverage with a maximum deductible of \$[Amount].
2. [Credit Union Name] listed as the Loss Payee/Lienholder.
3. Policy effective dates covering the duration of the loan.

Lienholder Clause Information:

[Credit Union Name]

[PO Box / Street Address]

[City, State, Zip Code]

Please forward the Binder or Certificate of Insurance to our Loan Department via fax at [Fax Number] or via email at [Email Address].

If you have any questions, please contact us at [Phone Number].

Sincerely,

[Your Name/Department]

[Credit Union Name]