

[Insurance Company Letterhead]
[Insurance Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Recipient Name / To Whom It May Concern]
[Recipient Company Name]
[Recipient Address]
[City, State, Zip Code]

RE: Verification of Active Insurance Coverage

Policyholder: [Insured Business Name]

Policy Number: [Policy Number]

Dear [Recipient Name],

This letter serves as official confirmation that [Insured Business Name] maintains active insurance coverage with [Insurance Company Name].

The details of the current policy are as follows:

- **Type of Insurance:** [e.g., General Liability / Professional Liability]
- **Policy Effective Date:** [Start Date]
- **Policy Expiration Date:** [End Date]
- **Limits of Liability:** \$[Amount] per occurrence / \$[Amount] aggregate

As of the date of this letter, the policy is in full force and effect and all premium payments are current. This coverage is subject to the terms, conditions, and exclusions contained within the original policy documents.

Should you require any further information or a formal Certificate of Insurance (COI), please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]
[Name of Agent/Representative]
[Title]
[Insurance Company Name]