

Date: [Insert Date]

To:

[Lender or Mortgage Company Name]

[Address]

[City, State, Zip Code]

Re: Verification of Hazard Insurance

Loan Number: [Insert Loan Number]

Property Address: [Insert Property Address]

To Whom It May Concern,

This letter serves as formal verification that hazard insurance coverage is currently in effect for the property mentioned above. Please find the policy details listed below:

- **Insurance Company:** [Insert Company Name]
- **Policy Number:** [Insert Policy Number]
- **Coverage Amount:** \$[Insert Amount]
- **Policy Effective Date:** [Insert Start Date]
- **Policy Expiration Date:** [Insert End Date]
- **Deductible:** \$[Insert Deductible Amount]

The policy includes the standard mortgagee clause naming [Lender Name] as the loss payee. A copy of the Insurance Binder/Declarations Page is attached for your records.

If you require any further information or have questions regarding this policy, please contact [Insurance Agent Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]