**AUTO INSURANCE VERIFICATION LETTER SAMPLE**

I, **\_** (Name) living at ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** (Mailing address) hereby authorize my insurance company to disclose the relevant information requested to ***\_\_***.

Signature **\_\_\_\_\_\_\_** Date **\_**

(and) (TO BE FILLED IN BY THE INSURANCE COMPANY)

INSURANCE COMPANY NAME **\_\_\_\_\_\_\_\_\_**

MAILING ADDRESS **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

INSURANCE COMPANY REPRESENTATIVE/AGENT **\_\_\_\_\_\_\_**

PLAN START DATE **\_** PLAN END DATE ***\_\_\_***

PLAN AND COVERAGE DETAILS;

(Here, the insurance company will have to list the particulars and details of the coverage plan they are offering the individual in question. This typically includes details like amount covered, exceptions to coverage, the process of claiming insurance, and other relevant details.)

INSURANCE COMPANY AGENT/REPRESENTATIVE SIGNATURE

DATE **\_\_\_\_**