[Insert Logo]

[Insert date]
[Policyholder's full name]
[Policyholder's mailing address]
[City], [State] [Zip code]

[Mr/Ms.] [Policyholder's last name]:

This letter is to serve as confirmation that [policyholder's name] carries continuous personal automobile insurance coverage with [name of insurance company], NAIC Code [NAIC code] for the following vehicle:

- [Vehicle identification number (VIN)]
- [Year] [vehicle make] [vehicle model].

The policy number is [policy number]. This policy has been in full effect since [start date for policy], with no lapse in coverage. [Note: If there was a lapse in coverage, this will need to be adjusted accordingly to specify the timeframe].

The named insureds on this policy are:

- [Policyholder's first and last name]
- [First and last name of additional named insured]
- [First and last name of additional named insured]

By signing this letter, I indicate that the above information is true and correct as of the date of this letter. If you require any additional information, please contact me at email address] or [phone number, with extension if applicable].

Regards,

[Typed name of authorized insurance company representative]

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