

[Your Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Recipient Name]  
[Recipient Title]  
[Recipient Company Name]  
[Recipient Address]  
[City, State, Zip Code]

**RE: Proof of Insurance - Commercial Fleet Policy #[Policy Number]**

Dear [Recipient Name],

Please find enclosed the Certificate of Insurance (COI) for our commercial vehicle fleet, as requested for [Contract Name/Reference Number/Compliance Requirement].

This certificate confirms that [Your Company Name] maintains the required liability and physical damage coverage for all vehicles operated under our fleet policy. The coverage is currently active and is scheduled to remain in effect until [Policy Expiration Date].

The enclosed document includes details regarding:

- Automobile Liability limits
- General Liability coverage
- Policy effective and expiration dates
- [Additional Coverage, e.g., Umbrella Liability or Cargo Insurance]

Should you require any additional endorsements or have questions regarding our coverage limits, please contact our insurance agent, [Agent Name], at [Agent Phone Number] or contact me directly.

Sincerely,

[Your Signature]

[Your Printed Name]  
[Your Title]

Enclosure: Certificate of Liability Insurance