[Date]

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

RE: Evidence of Commercial Auto and General Liability Protection

To Whom It May Concern,

This letter serves to confirm that [Your Company Name] maintains comprehensive insurance coverage to protect against liabilities arising from our business operations. Our protection includes both Commercial General Liability and Commercial Automobile Liability as outlined below:

Commercial General Liability:
Policy Number: [Policy Number]
Carrier: [Insurance Company Name]
Limits of Liability: $[Amount] per Occurrence / $[Amount] General Aggregate
Coverage Includes: Bodily Injury, Property Damage, and Personal/Advertising Injury.

Commercial Automobile Liability:
Policy Number: [Policy Number]
Carrier: [Insurance Company Name]
Limits of Liability: $[Amount] Combined Single Limit (CSL)
Coverage Includes: Owned, Hired, and Non-Owned vehicles used in the course of business.

These policies are currently in force and are scheduled for renewal on [Expiration Date]. We ensure that all subcontractors or agents acting on our behalf are held to similar insurance standards.

Should you require a formal Certificate of Insurance (COI) naming [Recipient Company Name] as an Additional Insured, please contact our insurance representative at [Phone Number/Email].

Sincerely,

[Authorized Signature]
[Printed Name]
[Title]
[Your Company Name]