

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

[Lienholder Name]  
[Lienholder Department, e.g., Insurance Department]  
[Lienholder Address]  
[City, State, Zip Code]

**RE: Evidence of Insurance / Policy Copy Delivery**

Loan Account Number: [Your Loan Number]  
Vehicle: [Year, Make, Model]  
VIN: [Vehicle Identification Number]

To Whom It May Concern,

Please find the enclosed copy of my automobile insurance policy declarations page for the vehicle referenced above.

As required by my loan agreement, [Insurance Company Name] has listed [Lienholder Name] as the loss payee/lienholder. This policy includes the required comprehensive and collision coverage with deductibles not exceeding [Deductible Amount, e.g., \$500].

Please update your records to show that valid insurance coverage is in place. If you require any further information, please contact me or my insurance agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Insurance Declarations Page