

[Date]

[Lienholder/Loss Payee Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

**Insured:** [Insured Name]

**Policy Number:** [Policy Number]

**Loan/Reference Number:** [Loan Number]

**Collateral:** [Description of Property/Vehicle]

Dear Loan Processing Department,

Please find enclosed a copy of the insurance policy and/or certificate of insurance for the above-referenced insured and collateral.

As requested, [Lienholder/Loss Payee Name] has been added to the policy as a Loss Payee and Lienholder. This document confirms that the required coverage is currently in force and identifies your interest in the property.

The policy includes the following details:

- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Coverage Limits:** [Coverage Amounts]

Should there be any changes, cancellations, or renewals regarding this policy, notification will be provided to your office in accordance with the policy provisions.

If you have any questions or require further documentation, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Agency Name]

[Title]

[Phone Number]

Enclosure: Policy Copy / Certificate of Insurance