

SAMPLE

INSURANCE COMPANY LETTERHEAD NAME
ADDRESS
PHONE NUMBER

DEFENDANT'S NAME: _____

POLICY HOLDER'S NAME: _____

POLICY #: _____

EFFECTIVE DATE OF COVERAGE: _____

VEHICLE YEAR, MAKE, AND MODEL: _____

TICKET #: _____

Dear Sir/Madam:

The policy holder shown above has had insurance coverage on the above listed vehicle for the period shown. There has been no lapse in coverage and the coverage was in effect on the date said citation was issued (_____).

Date citation was issued

Sincerely,

Signature of authorized insurance company agent/clerk

Date submitted

SAMPLE