

(Date of Letter)

(Name)

(Street Address)

(City, State and Zip Code)

RE: Request for Evidence of Insurance Coverage

Dear \_\_\_\_\_ :

As you know, on the \_\_\_\_\_ day of \_\_\_\_\_ (month/year),  
an accident occurred between a vehicle owned by you and the undersigned's  
vehicle at

(describe location of vehicular accident). The information provided by you at  
the time of the accident was either erroneous or incomplete; therefore, evidence  
of insurance must be provided to the undersigned within the next ten days.  
Kindly provide the undersigned with the name of your insurance company, the  
identity of the insurance policy, and the coverage amount. It is preferred that  
you provide the undersigned with copies of both the declaration sheet and the  
cover sheet of the insurance policy. In the event this request remains  
unsatisfied after ten days, contact will need to be made with the Department of  
Public Safety relative to financial responsibility. Thank you for your  
immediate attention.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

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This is not a substitute for legal advice. An attorney must be consulted.