

Proof of Prior Insurance Coverage

Insured Name:	_____
Address:	_____
Previous Insurance Company:	_____
Policy Number:	_____
Effective Date:	____ / ____ / ____
Expiration Date:	____ / ____ / ____
Type of Coverage:	_____

Statement

This is to certify that the above-named individual held the referenced insurance policy with the details provided. The information is true and correct to the best of our records and knowledge.

Authorized Representative:	_____
Title:	_____
Date:	____ / ____ / ____

This document is provided as evidence of prior insurance coverage.