

# Proof of Prior Insurance Coverage

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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.*