

**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 issue ( \_\_\_\_\_ ).

**Date citation was issued**

**Sincerely,**

\_\_\_\_\_  
**Signature of authorized insurance company agent/clerk**

\_\_\_\_\_  
**Date submitted**

**SAMPLE**