

YOUR COMPANY LETTERHEAD

POLICY HOLDER NAME
ADDRESS

TO WHOM IT MAY CONCERN:

This is to verify that **JOHN SMITH** carried vehicle insurance with **ABC INSURANCE LIMITED** under policy number **ABC123**.

Automobile insurance has been in force from **01JAN89 TO 31DEC91** and was rated **SIX STAR** when we took this customer on risk.

Rating Code: **SIX STAR** represents **FIVE OR MORE YEARS** claim free.

Named Drivers (if any): **MARY SMITH**

The following Third Party and/or Collision claims have been paid and/or are outstanding:

DATE OF LOSS	CLAIM NUMBER	TYPE OF LOSS	TOTAL AMOUNT	DRIVER

SIGNATURE
NAME
POSITION
TELEPHONE NUMBER
FAX NUMBER

CLAIM HISTORY LETTER
****** SAMPLE ******