

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Website]

[Date]

[Policyholder Name]
[Address]
[City, State, Zip Code]

Subject: Welcome to [Company Name] - Delivery of Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your life insurance needs. We are pleased to inform you that your application has been approved, and your coverage is now in effect.

Enclosed with this letter is your formal policy document. We recommend that you review this document carefully to ensure that all information is accurate and that the coverage meets your expectations. Please pay particular attention to the Policy Schedule, which outlines your premiums, beneficiaries, and benefit amounts.

Your Policy Details:

- **Policy Number:** [Policy Number]
- **Plan Type:** [Plan Type, e.g., Term/Whole Life]
- **Face Amount:** [Coverage Amount]
- **Premium Amount:** [Premium Amount]
- **Payment Frequency:** [Monthly/Annual]

Next Steps:

1. **Review and Store:** Keep your policy in a safe, accessible place and inform your beneficiaries of its location.
2. **Acknowledgment:** Please sign the enclosed delivery receipt and return it to us using the provided envelope.
3. **Register Online:** You can manage your policy, update contact information, and view statements by creating an account at [Website URL].

If you find any errors or have questions regarding your coverage, you have a [Number, e.g., 10 or 30]-day "Free Look" period from the date of receipt to return the policy for a full refund of any premiums paid.

Your dedicated agent, [Agent Name], is available to assist you at [Agent Phone Number] or [Agent Email]. Thank you for trusting us to help protect your family's financial future.

Sincerely,

[Authorized Signature]
[Name of Representative]
[Title]
[Company Name]