[Company Letterhead/Logo Space]

[Date]

[Insured Key Person Name]
[Company Name]
[Address]
[City, State, Zip Code]

Re: Delivery of Key Person Term Life Insurance Policy

Dear [Insured Name],

This letter serves to formally deliver your Key Person Term Life Insurance policy documents. This policy has been established by [Company Name] to protect the organization in the event of your untimely passing, recognizing your vital role and contribution to our continued success.

Policy Summary:

- **Carrier:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Face Amount:** $[Amount]
- **Term Duration:** [Number] Years
- **Effective Date:** [Date]

Beneficiary Confirmation:

As this is a corporate-owned "Key Person" policy, the designated owner and primary beneficiary is **[Full Legal Name of Company]**. All proceeds from this policy are intended to provide liquidity, cover recruitment costs, or offset financial losses incurred by the company.

Please review the attached policy jacket for your records. No action is required on your part at this time; however, should you have any questions regarding the coverage or the underwriting process, please contact [HR/Finance Department Contact Name] at [Phone Number/Email].

Thank you for your ongoing commitment to [Company Name].

Sincerely,

[Authorized Signature]
[Name of Executive/Officer]
[Title]

Acknowledgement of Receipt

I, [Insured Name], hereby acknowledge receipt of the policy documents and confirm my understanding that [Company Name] is the sole beneficiary of the aforementioned policy.

Signature: _____ Date: _____