[Date]

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

RE: Evidence of Property Insurance and Escrow Billing
Insured: [Policyholder Name]
Property Address: [Property Address]
Policy Number: [Policy Number]
Loan Number: [Loan Number]

Dear Loan Processing Department,

Enclosed please find the Evidence of Property Insurance policy for the above-referenced property, issued in connection with the homeowner's recent mortgage refinance.

This policy has been updated to include your institution as the first mortgagee. Please update your records to reflect the following loss payee clause:

[Lender Name]
Its Successors and/or Assigns (ISAOA)
[Lender Loss Payable Address]
[City, State, Zip Code]

Billing Instructions:
This policy is set up for **Escrow Billing**. Please process the enclosed premium invoice in the amount of $[Premium Amount] for the annual term effective [Policy Start Date] to [Policy End Date].

Payment should be remitted to:

[Insurance Company Name]
[Payment Mailing Address]
[City, State, Zip Code]

If you have any questions or require additional documentation, please contact our office at [Agent Phone Number] or via email at [Agent Email Address].

Sincerely,

[Agent Name]
[Agency Name]