[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Homeowners Policy Binder and Escrow Billing Confirmation

Insured: [Client Name]
Property Address: [Property Address]
Policy Number: [Policy Number]
Effective Date: [Effective Date]

To Whom It May Concern,

Please find the enclosed Homeowners Insurance Policy Binder for the above-referenced property and insured. This binder serves as temporary evidence of insurance coverage as required for the upcoming closing or renewal.

We confirm that this policy is set up for **Escrow Billing**. Please process the premium payment in the amount of $[Premium Amount] to the address listed below:

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

If you require any additional documentation, such as the full policy jacket or a replacement cost estimator, please contact our office directly at [Phone Number] or via email at [Email Address].

Sincerely,

[Agent Name]
[Agent Title]

cc: [Client Name]