[Date]

[Mortgage Lender/Servicer Name]
[Lender Address]
[City, State, Zip Code]

RE: Evidence of Property Insurance and Escrow Billing Request

Insured Name: [Policyholder Name]
Property Address: [Insured Property Address]
Loan Number: [Mortgage Loan Number]
Policy Number: [Insurance Policy Number]
Policy Period: [Effective Date] to [Expiration Date]

To Whom It May Concern,

Please find the enclosed Evidence of Insurance (EOI) or Declarations Page for the above-referenced property and loan number. This document confirms that the required homeowners insurance coverage is active for the upcoming policy term.

Our records indicate that this policy is to be paid through an escrow account. Please process the attached invoice for payment before the due date of [Payment Due Date] to ensure no lapse in coverage.

Payment Details:

- **Annual Premium Amount:** $[Amount]
- **Payable To:** [Insurance Company Name]
- **Remittance Address:** [Payment Mailing Address]

If you require any additional information or have questions regarding the coverage limits, please contact our agency at [Agent Phone Number] or via email at [Agent Email Address].

Sincerely,

[Agent Name/Insurance Agency Name]
[Agency Phone Number]

Enclosure: Evidence of Insurance, Premium Invoice