Date: [Insert Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

Re: Paid-in-Full Policy Delivery
Policy Number: [Insert Policy Number]
Insured: [Insert Name of Insured]

Dear [Policyholder Name],

Enclosed is your insurance policy document for the coverage referenced above. We are pleased to confirm that this policy has been **paid in full** for the current term. No further premium payments are required at this time to maintain your coverage through [Expiration Date].

Please review the policy documents carefully to ensure all information is correct. Keep these documents in a safe place for your records.

If you have any questions regarding your coverage or notice any discrepancies, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Name/Signature]
[Title]
[Company Name]

ACKNOWLEDGMENT OF RECEIPT

I, [Policyholder Name], hereby acknowledge that I have received my paid-in-full insurance policy (Policy Number: [Insert Policy Number]) on the date indicated below.

Signature: _____

Date: _____