[Date]

[Insured Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

RE: Commercial Auto Policy Delivery and Payment Receipt

Policy Number: [Policy Number]
Effective Date: [Effective Date]

Dear [Contact Name],

Thank you for choosing [Agency/Company Name] for your commercial auto insurance needs. Enclosed you will find your original insurance policy documents and your official insurance identification cards for the vehicles listed on your schedule.

We are writing to confirm that this policy has been **PAID IN FULL** for the current term. No further premium payments are due at this time. Please find your payment receipt enclosed for your records.

We recommend that you:

- Review the policy declarations page for accuracy regarding vehicle VINs and driver information.
- Place a current insurance ID card in each covered vehicle immediately.
- Store the original policy documents in a secure location.

If you have any questions regarding your coverage or need to make changes to your policy in the future, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Agency Name]

ACKNOWLEDGMENT OF RECEIPT

I, [Insured Name], hereby acknowledge receipt of the Commercial Auto Policy and Insurance ID cards mentioned above. I confirm that the policy has been paid in full.

Signature: _____ Date: _____