[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Business Owner Name]
[Business Name]
[Business Address]
[City, State, Zip Code]

Subject: Delivery of Paid-in-Full Insurance Policy - Policy #[Policy Number]

Dear [Business Owner Name],

Thank you for choosing [Your Company Name] for your business insurance needs. We are pleased to provide you with your formal policy documents for the coverage period of [Start Date] to [End Date].

We confirm that payment for this policy has been received in full. No further premiums are due for this specific term. Please review the attached documents carefully to ensure all details regarding your coverage, limits, and exclusions are correct.

Please sign the acknowledgment section below and return a copy to our office for our records.

Sincerely,

[Your Name]
[Your Title]

Policy Receipt Acknowledgment

I, [Business Owner Name], hereby acknowledge that I have received the original policy documents for Policy #[Policy Number]. I confirm that the policy is paid in full and that I have reviewed the terms and conditions contained therein.

Business Owner Signature: _____

Date: _____