[Date]

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

Re: General Liability Policy Delivery - Paid in Full
Policy Number: [Policy Number]
Effective Dates: [Start Date] to [End Date]

Dear [Insured Name],

Thank you for choosing [Insurance Company Name] for your business insurance needs. Enclosed you will find your official General Liability insurance policy documents.

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 the expiration date noted above.

Please review these documents carefully to ensure all information is correct. We recommend keeping a copy of your Certificate of Insurance in an accessible location for your records and for presentation to any third parties or clients as required.

If you have any questions regarding your coverage or need to report a claim, please contact your agent at [Agent Phone Number] or email us at [Agent Email Address].

Sincerely,

[Sender Name]
[Title]
[Agency/Company Name]

ACKNOWLEDGMENT OF RECEIPT

I, [Insured Name], hereby acknowledge that I have received the General Liability policy documents for Policy Number [Policy Number] and confirm that the premium has been paid in full.

Signature: _____

Date: _____