[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Re: Paid-in-Full Policy Delivery

Policy Number: [Policy Number]
Policy Period: [Effective Date] to [Expiration Date]

Dear [Policyholder Name],

Thank you for choosing [Agency/Company Name] for your insurance needs. We are pleased to provide you with your personal lines insurance policy documents.

Our records confirm that this policy has been **Paid in Full**. No further payments are required for this specific policy term. Please review the enclosed declarations page and policy wording to ensure all coverage limits and information are correct.

Please sign the "Acknowledgment of Receipt" section below and return one copy to our office for our files. You should retain the original policy documents for your permanent records.

If you have any questions regarding your coverage, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Agency Name]

ACKNOWLEDGMENT OF RECEIPT

I, [Policyholder Name], hereby acknowledge that I have received my insurance policy documents for policy number [Policy Number]. I understand that this policy is paid in full for the current term.

Signature: _____ Date: _____