[Date]

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

Re: Commercial Property Policy Delivery - Paid in Full

Dear [Insured Name],

Enclosed please find the original policy documents for your Commercial Property Insurance, as detailed below:

- **Policy Number:** [Policy Number]
- **Property Address:** [Insured Property Address]
- **Policy Period:** [Start Date] to [End Date]
- **Carrier:** [Insurance Company Name]

We are pleased to confirm that the premium for this policy term has been **paid in full**. No further installments are due at this time.

Please review these documents carefully and store them in a secure location. If you have any questions regarding your coverage or notice any discrepancies, please contact our office immediately.

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]

ACKNOWLEDGMENT OF RECEIPT

I, [Insured Name], hereby acknowledge receipt of the original policy documents for Policy #[Policy Number]. I confirm that I have received the full policy package and verify that the premium is marked as paid in full.

_____
Signature of Insured

_____
Date