

Date: [Insert Date]

[Customer Name]

[Customer Address]

[City, State, Zip Code]

Subject: Acknowledgment of Premium Payment

Dear [Customer Name],

We are writing to confirm that we have successfully received your premium payment for the following policy:

- **Policy Number:** [Insert Policy Number]
- **Payment Amount:** [Insert Amount]
- **Payment Date:** [Insert Date Received]
- **Coverage Period:** [Start Date] to [End Date]

Your payment has been applied to your account, and your coverage remains active. You can view your updated account status and payment history by logging into our online portal at any time.

Thank you for choosing [Company Name]. We appreciate your continued trust in our services.

Sincerely,

[Your Name/Department]

[Company Name]

[Contact Phone Number]