Date: [Insert Date]

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

RE: Delivery of Tenant Insurance Policy - Policy Number: [Insert Policy Number]

Dear [Tenant Name],

Enclosed please find your formal Tenant Insurance Policy documents for the property located at [Rental Property Address].

Please review these documents carefully to ensure all coverage limits and personal information are correct. To finalize the processing of this policy, we require your signature on the enclosed acknowledgment form.

Action Required:

- Review the attached policy terms.
- Sign and date the "Policy Receipt Acknowledgment" page.
- Return the signed page to our office by [Insert Deadline Date] via [Email/Mail/In-Person].

Please keep a copy of the full policy for your personal records. If you have any questions regarding your coverage or notice any errors, please contact us immediately at [Insert Phone Number].

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]

Policy Receipt Acknowledgment

I, [Tenant Name], hereby acknowledge that I have received a copy of my Tenant Insurance Policy (Policy #[Insert Policy Number]). I understand it is my responsibility to read and understand the terms and conditions outlined therein.

Signature: _____ Date: _____