Date: [Insert Date]

To: [Key Person Name]
[Company Name]
[Company Address]

Subject: Delivery and Acknowledgment of Key Person Insurance Policy

Dear [Key Person Name],

This letter serves to formally deliver the details of the Key Person Insurance policy recently established by [Company Name] (the "Company") on your life. As a vital member of our leadership team, this policy is intended to protect the Company's business continuity and financial stability.

Policy Details:

- **Insurance Provider:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Coverage Amount:** [Coverage Amount]
- **Policy Owner & Beneficiary:** [Company Name]

Please note that the Company is the owner and the sole beneficiary of this policy. This coverage is separate from any personal life insurance or employee benefits you may currently hold. You are not responsible for premium payments; all costs associated with this policy are paid by the Company.

We request that you acknowledge receipt of this information and confirm your understanding of the policy terms by signing below.

Sincerely,

[Your Name]
[Your Title]
[Company Name]

Acknowledgment of Receipt

I, [Key Person Name], hereby acknowledge that I have been informed of the Key Person Insurance policy listed above. I understand that [Company Name] is the owner and beneficiary of said policy.

Signature: _____

Date: _____