

Letter of Acceptance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally accept the delivery of the insurance policy papers for my policy number [Insert Policy Number]. I acknowledge the receipt of the documents on [Insert Date of Receipt].

Thank you for your timely service. If there are any further actions required on my part, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]