

# Receipt Confirmation

Date: [Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We hereby confirm the receipt of your request for insurance policy information. Your request is important to us, and we are processing it promptly.

Policy Details:

- Policy Number: [Policy Number]
- Insured Amount: [Insured Amount]
- Coverage Type: [Coverage Type]
- Start Date: [Start Date]
- End Date: [End Date]

If you have any further questions or require additional assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your attention.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]