# Premium Payment Verification Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

Dear [Insurance Company's Customer Service Department],

I hope this message finds you well. I am writing to request verification of the premium payment for my insurance policy with your company.

Policy Number: [Insert Policy Number]
Payment Amount: [Insert Payment Amount]
Payment Date: [Insert Payment Date]

Despite my records indicating that the payment was made, I have not yet received confirmation of receipt. I would greatly appreciate it if you could confirm the status of my payment at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip]
[Your Email]
[Your Phone Number]