

# Affirmation of Policy Application Approval

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your application for [Policy Name] has been approved. This decision is based on our thorough review of your application and supporting documentation.

Your policy will be effective from [Effective Date], and the details are as follows:

- Policy Number: [Policy Number]
- Coverage Amount: [Coverage Amount]
- Premium Amount: [Premium Amount]

Please take a moment to review the terms and conditions of your policy enclosed with this letter. If you have any questions or require further assistance, do not hesitate to reach out to our customer service department at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Company Name]. We look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]