

Business Insurance Policy Confirmation

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Client Name]

[Client Company Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

We are pleased to confirm your Business Insurance Policy with the following details:

- Policy Number: [Insert Policy Number]
- Effective Date: [Insert Effective Date]
- Expiration Date: [Insert Expiration Date]
- Coverage Amount: [Insert Coverage Amount]
- Premium Amount: [Insert Premium Amount]

This policy provides you with comprehensive protection for your business needs. Please review the enclosed policy documents for specific details and coverage options.

If you have any questions or require further assistance, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]