

Declaration of Premium Payment

Date: [Insert Date]

To,
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Declaration of Premium Payment for Policy Number [Insert Policy Number]

Dear [Recipient's Name],

I, [Your Name], hereby declare that I have made the premium payment for the insurance policy mentioned above. The details of the payment are as follows:

- Policy Number: [Insert Policy Number]
- Insured Amount: [Insert Amount]
- Payment Amount: [Insert Payment Amount]
- Payment Method: [Insert Payment Method]
- Payment Date: [Insert Payment Date]

This declaration is made to confirm that the payment has been successfully processed and that the policy is active as of the payment date.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Contact Information]