

Evidence of Payment for Insurance Premium

Date: [Insert Date]

To Whom It May Concern,

This letter serves as evidence of payment for the insurance premium regarding the policy number [Insert Policy Number].

Policy Holder Name: [Insert Policy Holder Name]

Insurance Company: [Insert Insurance Company Name]

Amount Paid: \$[Insert Amount]

Payment Method: [Insert Payment Method]

Date of Payment: [Insert Payment Date]

Please find attached the receipt for your records.

Should you require any further information, feel free to contact us at [Insert Contact Information].

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]