

# Payment Confirmation

Date: [Insert Date]

To: [Insert Policyholder's Name]  
[Insert Policyholder's Address]  
[Insert City, State, Zip Code]

Dear [Policyholder's Name],

We are pleased to confirm the receipt of your payment for the professional liability insurance premium for policy number [Insert Policy Number].

## Payment Details:

- Amount Paid: [Insert Amount]
- Payment Method: [Insert Payment Method]
- Transaction Reference Number: [Insert Reference Number]

Your coverage will be effective from [Insert Start Date] to [Insert End Date]. We appreciate your prompt payment and continued trust in our services.

Should you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Number] or [Insert Email Address].

Thank you for choosing [Insert Company Name].

Sincerely,

[Insert Your Name]  
[Insert Your Title]  
[Insert Company Name]  
[Insert Company Address]  
[Insert Company Phone Number]  
[Insert Company Email Address]