

Insurance Policy Confirmation

Date: [Insert Date]

Policyholder: [Policyholder Name]

Address: [Policyholder Address]

Email: [Policyholder Email]

Phone Number: [Policyholder Phone Number]

Policy Details

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Coverage Type: Business Liability Insurance

Coverage Amount: [Coverage Amount]

Important Information

This letter serves as confirmation of your business liability insurance policy. Please keep this document for your records. Should you have any questions or require further assistance, do not hesitate to contact us at [Insurance Company Contact Information].

Thank you for choosing [Insurance Company Name] for your insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Insurance Company Address]

[Insurance Company Phone Number]