

Insurance Fee Confirmation

Date: [Insert Date]

To: [Policyholder's Name]

Address: [Policyholder's Address]

Dear [Policyholder's Name],

We are pleased to confirm the receipt of your insurance fee payment for policy number [Insert Policy Number]. Below are the details of your payment:

- Amount Paid: [Insert Amount]
- Payment Method: [Insert Payment Method]
- Payment Date: [Insert Payment Date]

Your coverage is now active, and we appreciate your prompt payment. If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]