

# Policy Renewal Acknowledgment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm the receipt of the details regarding the renewal of my policy, [Policy Number]. The renewal is effective from [Renewal Start Date] to [Renewal End Date].

Thank you for providing the updated terms and conditions. Please let me know if you require any further information or documentation.

Sincerely,

[Your Signature, if sending a hard copy]

[Your Printed Name]

[Your Contact Information]