Confirmation of Premium Payment Acceptance

Date: **[Insert Date]**

Policyholder Name: **[Insert Name]**

Policy Number: **[Insert Policy Number]**

Dear [Insert Name],

We are pleased to confirm the acceptance of your premium payment for the insurance policy mentioned above.

Amount Paid: **[Insert Amount]**

Payment Method: **[Insert Payment Method]**

This payment secures your coverage for the period starting from **[Start Date]** to **[End Date]**.

If you have any questions, please feel free to contact us at **[Insert Contact Information]**.

Thank you for choosing us for your insurance needs.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Phone]

[Your Company Email]