

# Coastal Property Insurance

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are pleased to confirm the receipt of your premium payment for your coastal property insurance policy.

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

**Payment Amount:** [Insert Amount]

**Payment Date:** [Insert Payment Date]

**Effective Coverage Period:** [Start Date] to [End Date]

Thank you for choosing us for your insurance needs. If you have any questions, feel free to contact us at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]