

Confirmation of Renewed Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your insurance policy has been successfully renewed.

Policy Details:

- Policy Number: [Policy Number]
- Coverage Type: [Coverage Type]
- Effective Date: [Effective Date]
- Expiration Date: [Expiration Date]
- Annual Premium: [Annual Premium]

Please feel free to reach out to us if you have any questions or require further assistance.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]