

Annual Insurance Premium Summary

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Premium Summary

Coverage Type	Premium Amount	Due Date
[Coverage Type 1]	[Premium Amount 1]	[Due Date 1]
[Coverage Type 2]	[Premium Amount 2]	[Due Date 2]

Total Annual Premium

Total Amount Due: [Total Amount]

For any inquiries, please contact our customer service at [Customer Service Contact Information].

Thank you for choosing [Insurance Company Name].