

ABC Insurance Company

123 Elm Street
City, State ZIP
Phone: (555) 123-4567

June 8, 2024

Mr. John Doe

456 Oak Avenue
City, State ZIP

Subject: Fire Insurance Payment Confirmation Letter

Dear Mr. Doe,

We are writing to confirm receipt of your payment for your fire insurance policy with policy number [Policy Number].

The details of your payment are as follows:

Policyholder Name: [Insured Name]

Policy Number: [Policy Number]

Payment Amount: [Amount]

Payment Date: [Payment Date]

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

Thank you for your prompt payment. Your policy remains active and your property continues to be protected under the terms and conditions of the policy.

If you have any questions, please feel free to contact us.

Sincerely,

[Authorized Representative Name]

ABC Insurance Company