[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Date: [Date]

Subject: Welcome to [Insurance Company Name] - Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your auto insurance needs. We are pleased to welcome you as a new policyholder. Your coverage is effective as of [Start Date].

Attached to this letter, you will find your insurance ID cards and policy documents. Please review them carefully to ensure all information is correct.

Below is your premium payment schedule for the current policy term:

Installment Number	Due Date	Amount Due
1 (Down Payment)	[Date]	$[Amount]
2	[Date]	$[Amount]
3	[Date]	$[Amount]
4	[Date]	$[Amount]
5	[Date]	$[Amount]
6	[Date]	$[Amount]
Total Policy Premium		**$[Total Amount]**

Payment Options:
- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please send checks to [Mailing Address]

If you have any questions regarding your coverage or this schedule, please contact our customer service team at [Phone Number] or email us at [Email Address].

Sincerely,

[Agent Name/Company Representative]
[Insurance Company Name]