

[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

**RE: Escrow Payment for Hazard Insurance**

**Policy Number:** [Policy Number]  
**Insured Name:** [Borrower Name]  
**Property Address:** [Property Address]  
**Loan Number:** [Mortgage Loan Number]

To Whom It May Concern,

Enclosed please find a check in the amount of \$[Amount] for the annual premium of the hazard insurance policy referenced above.

Please apply this payment to the upcoming renewal term of [Start Date] to [End Date]. This payment is being issued from the borrower's escrow account held by [Mortgage Servicer Name].

Kindly send the paid receipt and a copy of the updated declarations page to our office at the address provided below for our records.

If there are any discrepancies regarding the premium amount or the policy status, please contact our Escrow Department immediately at [Phone Number].

Sincerely,

[Your Name/Department Name]  
[Mortgage Company Name]  
[Phone Number]