[Date]

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

RE: Hazard Insurance Premium Payment

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

To Whom It May Concern,

Enclosed please find a check in the amount of $[Amount] representing the annual premium payment for the hazard insurance policy referenced above. This payment is being disbursed from the borrower's escrow account held by [Lending Institution Name].

Please apply this payment to the upcoming policy period of [Start Date] to [End Date] to ensure there is no lapse in coverage. We request that you provide a paid receipt or a renewal certificate to our mortgage servicing department upon processing.

If there are any discrepancies regarding the premium amount or if additional information is required, please contact our Escrow Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Name/Department]
[Lending Institution Name]
[Mailing Address]