

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Re: Homeowners Insurance Policy Summary - Policy Number: [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your homeowners insurance needs. Below is a summary of your coverage and the next steps required to finalize your file.

Policy Coverage Summary

- **Property Address:** [Insured Property Address]
- **Policy Period:** [Start Date] to [End Date]
- **Dwelling Coverage (A):** \$[Amount]
- **Other Structures (B):** \$[Amount]
- **Personal Property (C):** \$[Amount]
- **Loss of Use (D):** \$[Amount]
- **Personal Liability (E):** \$[Amount]
- **Medical Payments (F):** \$[Amount]
- **Deductible:** \$[Amount] / [Percentage]

Required Next Steps

To ensure your coverage remains active and accurate, please complete the following:

1. **Sign Documents:** Please sign and return the enclosed application and disclosure forms by [Date].
2. **Property Inspection:** An external inspection of your home will be scheduled within [Number] days. You do not need to be present for this.
3. **Submit Documentation:** Please provide proof of [Prior Insurance/Alarm System Certificate/Roof Age] via the online portal or email.
4. **Payment:** If you are not on escrow billing through your mortgage company, please submit your initial premium payment of \$[Amount] by [Date].

Important Contacts

Customer Service: [Phone Number]

Claims Department: [Phone Number]

Online Portal: [Website URL]

If you have any questions regarding your coverage or the steps listed above, please contact your agent at [Agent Phone/Email].

Sincerely,

[Agent Name]

[Insurance Company Name]