[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Subject: Annual Policy Renewal and Comprehensive Coverage Gap Analysis

Dear [Client Name],

Thank you for choosing [Company Name] for your insurance needs. We value your continued trust in our services. Your policy number [Policy Number] is scheduled for renewal on [Renewal Date].

As part of our commitment to your financial security, we have conducted a **Comprehensive Coverage Gap Analysis**, which is attached to this letter. Our review identifies areas where your current limits may no longer align with your evolving needs or where new risks may have emerged over the past year.

Summary of Findings:

- [Key Finding 1: e.g., Increase in property value vs. current limit]
- [Key Finding 2: e.g., New liability exposures]
- [Key Finding 3: e.g., Recommended supplemental riders]

We recommend scheduling a brief review meeting to discuss these findings and ensure you are fully protected. If you wish to proceed with the renewal as currently structured, please sign and return the enclosed documents by [Deadline Date].

Should you have any questions regarding your renewal premium or the attached analysis report, please contact your account manager, [Agent Name], at [Phone Number] or [Email].

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]

Enclosures: Renewal Invoice, Coverage Gap Analysis Report, Policy Summary