[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Subject: RENEWAL NOTICE - Commercial General Liability Policy #[Policy Number]

Dear [Client Contact Name],

This letter is to inform you that your Commercial General Liability insurance policy is scheduled to expire on **[Expiration Date]**.

Maintaining continuous coverage is essential to protect your business from unforeseen risks and legal liabilities. We have prepared a renewal proposal for your review, which includes updated terms and pricing for the upcoming term.

Policy Details:

- **Policy Number:** [Policy Number]
- **Carrier:** [Insurance Carrier Name]
- **Renewal Date:** [Renewal Date]
- **Renewal Premium:** [Premium Amount]

To ensure there is no lapse in your coverage, please complete the following steps by [Deadline Date]:

1. Review the attached renewal quote and summary of coverage.
2. Notify us of any changes to your business operations, revenue, or payroll over the last year.
3. Sign and return the renewal authorization form.
4. Submit payment via [Payment Method].

If you have any questions regarding your coverage or would like to discuss adjustments to your limits, please contact me directly at [Phone Number] or [Email Address].

We appreciate your business and look forward to continuing to serve your insurance needs.

Sincerely,

[Your Name]
[Your Title]
[Your Agency Name]