[Current Date]

[Policyholder Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

Subject: Confirmation of Automatic Policy Renewal - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to confirm that your business insurance policy has been automatically renewed for the upcoming term. We are pleased to continue providing coverage for [Business Name].

Renewal Details:

- **Policy Number:** [Policy Number]
- **New Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Renewal Premium:** $[Amount]

The premium will be processed using your automatic payment method on file on [Payment Date].

Please find your updated policy documents and proof of insurance attached to this letter. We recommend reviewing these documents to ensure the coverage limits and information remain accurate for your current business needs.

If you have any questions or would like to make changes to your coverage, please contact your agent at [Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]