[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]

RE: Notice of Insurance Carrier Change - Policy Number: [Policy Number]

Dear [Insured Name],

We are writing to inform you of an upcoming change regarding your insurance coverage. Your current policy with [Current Carrier Name] is set to expire on [Expiration Date].

To ensure you continue to receive the most competitive rates and comprehensive coverage, we have moved your renewal to a new insurance carrier. Effective [Effective Date], your coverage will be provided by [New Carrier Name].

What this means for you:

- **Coverage:** Your new policy provides [similar/enhanced] coverage levels compared to your previous policy.
- **Premium:** Your new renewal premium is [New Premium Amount].
- **Documentation:** Attached to this letter is your new Policy Declaration page and identification cards.
- **Payments:** If you are on an automatic payment plan, please update your records. If we manage your escrow, your mortgage company will be notified of this change automatically.

We have carefully reviewed the market and believe that [New Carrier Name] offers the best value for your specific insurance needs at this time. No action is required on your part to initiate this transition unless you wish to make changes to your current limits.

Please review the enclosed documents carefully. If you have any questions regarding this carrier change or your new policy, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Agency Name] for your insurance needs.

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]