[Date]

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

Subject: Notice of Carrier Reassignment for Policy: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that [Agency Name] has initiated a mandated carrier reassignment regarding your [Type of Insurance, e.g., Auto/Home] insurance coverage. This change will be effective as of [Effective Date].

As part of our commitment to providing the most stable and competitive coverage options, your policy is being moved from [Old Carrier Name] to [New Carrier Name]. This reassignment is part of an agency-wide transition and does not reflect a change in your eligibility or risk profile.

What this means for you:

- **Coverage:** Your new policy with [New Carrier Name] has been designed to provide comparable coverage to your current plan.
- **Premiums:** Your new premium amount will be [New Premium Amount]. Please review the enclosed declarations page for details.
- **Payments:** If you are on automatic payments, you will need to [re-authorize payment/update billing information] by [Date].
- **Documentation:** Enclosed you will find your new policy documents and updated identification cards.

No action is required from you to facilitate the transfer of your records. However, please review the enclosed documents carefully to ensure all information is accurate.

If you have any questions regarding this transition or your new policy, please contact our office at [Phone Number] or via email at [Email Address].

Thank you for your continued trust in [Agency Name].

Sincerely,

[Agent Name/Principal Name]
[Agency Name]