[Date]

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

Subject: Request to Update Your Commercial Insurance Records

Dear [Client Contact Name],

We are currently reviewing our files to ensure that your commercial insurance policy information is accurate and up to date. To provide you with the best possible service and coverage, we request that you review and update your account details.

Please confirm or provide updates for the following information:

- Current Business Legal Name and DBA
- Primary Business Address and Mailing Address
- Primary Contact Person, Phone Number, and Email Address
- Description of Current Business Operations
- Total Number of Employees
- Estimated Annual Gross Revenue

If there have been any significant changes to your business operations, such as new services offered, physical expansions, or changes in ownership, please let us know immediately as these may affect your policy coverage.

Please return this information by [Date] via email to [Agent Email Address] or by calling our office at [Phone Number].

Thank you for your continued business and for helping us keep your records current.

Sincerely,

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