[Agency Name]
[Agency Address]
[Phone Number]
[Email Address]

[Date]

[Policyholder Name]
[Policyholder Address]

Subject: Annual Verification of Your Insurance Contact Information

Dear [Policyholder Name],

Thank you for choosing [Agency Name] for your insurance needs. To ensure you receive important policy updates, renewal notices, and billing information without delay, we ask that you review and verify your contact information currently on file.

Our Current Records:

- **Phone Number:** [Phone Number on File]
- **Email Address:** [Email Address on File]
- **Mailing Address:** [Mailing Address on File]

How to Confirm or Update:

- **No Changes:** If the information above is correct, no further action is required.
- **Updates Needed:** If any information is incorrect, please contact us by [Date] via:
    - Calling us at: [Phone Number]
    - Emailing us at: [Email Address]
    - Visiting our website at: [Website URL]

Keeping your details current helps us provide you with the best possible service and ensures your coverage remains uninterrupted.

Sincerely,

[Agent Name/Agency Principal]
[Agency Name]