[Date]

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

Subject: Request for Updated Contact Information - Policy Renewal [Policy Number]

Dear [Policyholder Name],

Your insurance policy, [Policy Number], is scheduled for renewal on [Renewal Date]. To ensure that you receive your renewal documents and important policy updates without delay, we request that you verify your current contact information.

Please provide the following details:

- Current Mailing Address
- Primary Phone Number
- Secondary Phone Number (Optional)
- Preferred Email Address

You may submit these updates by replying to this email, calling our office at [Phone Number], or logging into your account portal at [Website URL].

Updating your information ensures there is no lapse in coverage and that your renewal terms are delivered to the correct address. Please provide these details by [Deadline Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Information]