

[Current Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Re: Replacement Insurance Identification Cards

Policy Number: [Policy Number]

Dear [Policyholder Name],

As requested, please find your replacement insurance identification cards enclosed with this letter.

We recommend that you review the information on the cards immediately to ensure all details are accurate. Please discard any old or damaged versions of your cards to avoid confusion. We suggest keeping one card in your vehicle and one in a secure location, such as your wallet or purse.

If you have any questions regarding your coverage or notice any errors on these cards, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name] for your insurance needs.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

Enclosure: Insurance ID Cards