

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Your Replacement Insurance Identification Card

Dear [Insured Name],

As requested, please find your replacement insurance identification card(s) enclosed with this letter.

Please review the information on the card to ensure that all details, such as your name and policy number, are correct. We recommend that you place the new card in your vehicle or wallet immediately and destroy any outdated versions you may still have.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

Enclosure: Insurance ID Card(s)