

[Current Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Subject: Replacement Auto Insurance Identification Cards

Dear [Policyholder Name],

Enclosed please find the replacement Auto Insurance Identification Cards for your policy number: **[Policy Number]**.

These cards have been issued due to your recent request regarding [reason for replacement, e.g., lost card, change of vehicle, or name change].

Please review the information on the cards to ensure it is accurate. We recommend placing one card in each insured vehicle and keeping a copy for your personal records. Please destroy any outdated or expired identification cards you may still have.

If you have any questions or notice any errors, 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,

[Agent or Department Name]

[Insurance Company Name]

Enclosure: Auto Insurance Identification Cards