

[Current Date]

[Policyholder Name]

[Company Name]

[Mailing Address]

[City, State, Zip Code]

Re: Replacement Insurance Identification Cards

Policy Number: [Policy Number]

Dear [Policyholder Name/Contact Person],

Enclosed please find the replacement commercial insurance identification cards you recently requested for the policy referenced above.

Please review the information on the cards to ensure that all vehicle and policy details are accurate. We recommend that you place a copy of the new card in each insured vehicle immediately and destroy any outdated or expired versions.

If you have any questions regarding these cards or if further changes to your policy are needed, please contact our office at [Phone Number] or via email at [Email Address].

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

Sincerely,

[Your Name]

[Your Title]

[Insurance Agency/Company Name]

Enclosure: Replacement ID Cards