

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Replacement Insurance Identification Card

Dear [Policyholder Name],

As requested, please find your replacement Insurance Identification Card enclosed for the following policy:

- **Policy Number:** [Policy Number]
- **Effective Date:** [Date]

Please review the information on the card to ensure it is accurate. We recommend that you place this card in your vehicle or wallet immediately and destroy any outdated versions you may currently have.

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

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

Sincerely,

[Sender Name/Department]

[Company Name]

Enclosure: Insurance ID Card