

[Your Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Confirmation of Accident Forgiveness Qualification

Dear [Policyholder Name],

We are pleased to inform you that based on your excellent driving record, you have officially qualified for **Accident Forgiveness** on your auto insurance policy, effective [Date].

Policy Number: [Policy Number]

What this means for you:

Under this benefit, your first at-fault accident will not result in a surcharge or an increase to your premium. This protection is our way of rewarding your commitment to safe driving over the past [Number] years.

Terms and Conditions:

- This waiver applies to one eligible at-fault accident per policy period.
- Once the Accident Forgiveness benefit is used, it will be removed from your policy until you meet the eligibility requirements again.
- All other policy terms and standard rate adjustments still apply.

You do not need to take any action to activate this benefit; it has been automatically applied to your account. You can view your updated policy documents by logging into your online portal.

Thank you for choosing [Your Company Name]. We appreciate your business and your dedication to safety on the road.

Sincerely,

[Sender Name]
[Sender Title]
[Your Company Name]