

[Date]

[Recipient Name]
[Company Name]
[Street Address]
[City, State, Zip Code]

RE: Commercial Auto Fleet Alternative Coverage Quote

Dear [Recipient Name],

Thank you for the opportunity to review your current commercial fleet insurance requirements. Based on our analysis of your operations and claims history, we have developed the following alternative coverage proposal designed to optimize your protection while managing costs.

Quote Summary:

- **Insurance Carrier:** [Carrier Name]
- **Policy Period:** [Start Date] to [End Date]
- **Total Fleet Size:** [Number of Vehicles]
- **Total Annual Premium:** \$[Amount]

Alternative Coverage Highlights:

- **Liability Limits:** \$[Amount] Combined Single Limit (CSL)
- **Physical Damage Deductible:** \$[Amount] Comprehensive / \$[Amount] Collision
- **Uninsured/Underinsured Motorist:** \$[Amount]
- **Additional Coverage:** [e.g., Hired & Non-Owned Auto, Roadside Assistance]

Key Differences from Current Plan:

[Briefly describe improvements, such as higher limits, lower deductibles, or specialized endorsements].

This quote is valid until [Expiration Date]. To bind coverage or to discuss adjustments to these limits, please contact me directly at [Phone Number] or [Email Address].

We look forward to securing your fleet.

Sincerely,

[Your Name]
[Your Title]
[Agency Name]