

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

[Date]

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

**Re: Notice of Annual Policy Renewal - Identity Theft Protection Endorsement**

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy [Policy Number] has been renewed for the upcoming term effective [Start Date] through [End Date].

As part of your renewal, we would like to highlight your **Identity Theft Protection Endorsement**. In an increasingly digital world, this coverage remains a vital component of your insurance portfolio, providing you with security and professional assistance should your identity be compromised.

**Your Identity Theft Benefits Include:**

- Access to specialized fraud resolution specialists.
- Reimbursement for covered expenses incurred during the restoration process (up to your policy limit).
- Assistance with document replacement and credit bureau notification.
- Legal fee reimbursement related to identity recovery.

Please review your updated Declarations Page and the attached Endorsement documents for specific coverage limits, terms, and conditions. These documents contain important information regarding your deductible and reporting requirements.

If you have any questions regarding this endorsement or wish to discuss higher coverage limits, please contact your agent at [Agent Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Name/Signature]  
[Title]  
[Company Name]