

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

**RE: Alternative Insurance Coverage Placement for Policy #[Policy Number]**

Dear [Insured Name],

As previously notified, your current insurance policy with [Current Insurance Carrier] will expire on [Expiration Date] and will not be renewed. We understand that maintaining continuous coverage is vital for your protection.

We are pleased to inform you that we have secured an alternative insurance offer for you with [New Insurance Carrier]. This new policy is designed to ensure that you do not experience a gap in coverage.

**New Policy Summary:**

- **Carrier:** [New Insurance Carrier Name]
- **Effective Date:** [Policy Start Date]
- **Annual Premium:** \$[Amount]
- **Key Coverage Changes:** [Note any major differences or "Same as previous"]

To accept this replacement policy and ensure your coverage remains active, please complete the following steps by [Deadline Date]:

1. Review the attached quote and policy summary.
2. Sign the enclosed application/acceptance form.
3. Submit the initial premium payment of \$[Down Payment Amount].

If we do not receive your confirmation by [Deadline Date], we cannot guarantee that coverage will be bound, which may result in a lapse of insurance.

Please contact our office at [Phone Number] or [Email Address] if you have any questions regarding this alternative placement or if you would like to explore other options.

Sincerely,

[Agent Name]

[Agency Name]