

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

[Date]

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

Subject: Important Information Regarding Your Insurance Coverage

Dear [Policyholder Name],

As previously discussed, your current policy with [Expiring Insurance Carrier], policy number [Policy Number], will not be renewed effective [Expiration Date].

As your independent agent, our priority is to ensure you remain protected without a lapse in coverage. We have reviewed the insurance market and have identified an alternative coverage option that meets your needs.

Proposed Alternative Coverage:

- **Insurance Carrier:** [New Carrier Name]
- **Policy Type:** [Type of Policy, e.g., Homeowners/Auto]
- **Effective Date:** [Effective Date]
- **Annual Premium:** \$[Amount]

Summary of Changes:

[Briefly mention key differences, e.g., "The deductible has increased to \$1,000" or "This policy includes an endorsement for water backup."]

To ensure this new policy is active by your current expiration date, we require your signature on the attached application and the initial payment of \$[Down Payment Amount] by [Due Date].

Please contact our office at [Phone Number] or [Email Address] to finalize these arrangements or if you have any questions regarding this proposal.

Sincerely,

[Agent Name]
[Agent Title]
[Agency Name]