

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Offer of Alternative Insurance Coverage

Dear [Policyholder Name],

As previously communicated, your current policy [Policy Number] with [Current Company Name] will not be renewed and is set to expire on [Expiration Date].

To ensure you maintain continuous protection and avoid a lapse in coverage, we have identified an alternative insurance option for you through [Alternative Company Name]. This proposed policy has been selected to provide coverage similar to your expiring plan.

Summary of Proposed Coverage:

- **Carrier:** [Alternative Company Name]
- **Policy Type:** [Type of Insurance]
- **Effective Date:** [Start Date]
- **Estimated Premium:** \$[Amount] per [Term]

To accept this offer and activate your new policy, please complete the following steps by [Deadline Date]:

1. Review the attached quote and policy summary.
2. Sign and return the enclosed application forms.
3. Submit the initial premium payment.

If you choose not to accept this alternative coverage, we recommend that you secure insurance through another provider immediately to prevent any gaps in your protection.

If you have any questions regarding this proposal or would like to explore other options, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Agent Name]

[Title]

[Agency Name]