

[Date]

[Insured Name]

[Street Address]

[City, State, Zip Code]

Subject: Replacement Insurance Options for Policy [Policy Number]

Dear [Insured Name],

As previously communicated, your current insurance policy with [Current Insurance Company] will expire on [Expiration Date] and will not be renewed. To ensure you maintain continuous coverage and avoid a lapse, we are providing the following replacement insurance options for your consideration.

Option 1: [Company Name - Plan A]

- Coverage Level: [Detailed Coverage Amount]
- Annual Premium: \$[Amount]
- Key Features: [Brief Description]

Option 2: [Company Name - Plan B]

- Coverage Level: [Detailed Coverage Amount]
- Annual Premium: \$[Amount]
- Key Features: [Brief Description]

Option 3: [Company Name - Plan C]

- Coverage Level: [Detailed Coverage Amount]
- Annual Premium: \$[Amount]
- Key Features: [Brief Description]

Please note that these quotes are based on the information currently on file. Final pricing may be subject to a new application and underwriting review. We recommend securing a new policy at least [Number] days before your current expiration date to prevent any gaps in protection.

If you would like to proceed with one of these options or if you wish to discuss additional alternatives, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]

[Agency Name]

[Phone Number]