

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

[Date]

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

Subject: Enclosed Revised Auto Insurance Policy Documents

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your auto insurance needs. Following the recent changes made to your account, we have enclosed your revised policy documents for your review.

Policy Number: [Policy Number]
Effective Date of Change: [Date]

These updated documents reflect the following modifications: [Briefly list changes, e.g., vehicle addition, coverage adjustment, or premium change]. Please review the enclosed Declarations Page and any applicable endorsements to ensure all information is accurate.

What you need to do:

- Review the updated coverage limits and deductibles.
- Replace your old Insurance Identification Cards with the new ones provided.
- Keep these documents in a safe place for your records.

If you have any questions regarding these revisions or if further adjustments are needed, please contact your agent at [Agent Phone Number] or visit our website at [Website URL].

We appreciate your continued business.

Sincerely,

[Sender Name/Department]
[Company Name]

Enclosures: Revised Declarations Page, Insurance ID Cards