

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

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

Subject: Notice of Policy Renewal and Coverage Adjustments

Dear [Policyholder Name],

We are writing to inform you that your insurance policy, number [Policy Number], is scheduled for renewal on [Renewal Date]. We appreciate your continued trust in [Company Name].

As part of our annual review process, we have made adjustments to your coverage and limits to ensure your protection remains aligned with current market conditions and risk assessments. Please review the following changes carefully:

- **Coverage Adjustment:** [Description of specific coverage change, e.g., added endorsements or removed features]
- **Limit Adjustment:** [Previous Limit Amount] has been adjusted to [New Limit Amount] for [Specific Category, e.g., Property Damage].
- **Deductible Change:** Your deductible has been updated to [Deductible Amount].

Your new premium for this period will be [Premium Amount]. This renewal will take effect automatically on [Renewal Date] unless you contact us to request changes.

A complete copy of your updated policy document is enclosed for your records. We encourage you to review the "Schedule of Benefits" section for a full breakdown of your coverage.

If you have any questions regarding these adjustments or if you would like to discuss additional coverage options, please contact your agent at [Agent Phone Number] or email us at [Email Address].

Sincerely,

[Sender Name]
[Sender Title]
[Company Name]