

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: After-Hours Claims Contact and Agency Information

Dear [Policyholder Name],

Thank you for choosing [Agency Name] for your insurance needs. We want to ensure you have the necessary information to reach us during business hours and access support in the event of an emergency after hours.

Our Agency Contact Information:

Office Hours: [e.g., Monday - Friday, 9:00 AM - 5:00 PM]

Phone: [Agency Phone Number]

Email: [Agency Email Address]

Website: [Agency Website]

After-Hours Claims Reporting:

If you need to report a claim outside of our regular business hours, please contact your insurance carrier directly. Most carriers provide 24/7 claims support to assist you immediately.

Carrier: [Insurance Carrier Name]

Claims Phone Number: [Carrier Phone Number]

Policy Number: [Policy Number]

When reporting a claim, please have your policy number ready and provide as much detail as possible regarding the incident. Once you have contacted the carrier, please notify our office on the next business day so we may assist you with the claims process.

Sincerely,

[Agent Name]

[Agency Name]