[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Update to Your Motorcycle Insurance Seasonal Payment Schedule

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]

Dear [Policyholder Name],

This letter is to confirm the updated seasonal payment schedule for your motorcycle insurance policy. As previously requested or as per your policy terms, your premium payments have been adjusted to align with your riding season.

Under this plan, your premium is distributed primarily during the peak riding months, with reduced or no payments during the off-season. Please note that your insurance coverage remains active year-round, including comprehensive protection during storage, provided all scheduled payments are made.

Your New Payment Schedule:

- [Month]: $[Amount]
- [Month]: $[Amount]
- [Month]: $[Amount]
- [Month]: $[Amount]
- [Month]: $[Amount]
- [Month]: $[Amount]

Off-Season (No Payment Required): [List Months]

If you are enrolled in automatic payments, your withdrawals will automatically adjust to this new schedule. If you pay manually, please ensure your payments reach us by the [Day] of each active month.

If you have any questions regarding these changes or wish to revert to a standard monthly installment plan, please contact our customer service department at [Phone Number] or visit our website at [Website].

Thank you for choosing [Company Name]. Ride safe.

Sincerely,

[Agent Name/Billing Department]
[Company Name]