

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Dear [Client Name],

Welcome to [Company Name]! We are pleased to have you as a new client and appreciate the trust you have placed in us for your insurance needs.

Please find enclosed your formal policy documents for [Policy Type/Policy Number]. We encourage you to review these documents carefully to ensure all information is accurate and that you understand your coverage details, limits, and exclusions.

Key Information:

- **Policy Period:** [Start Date] to [End Date]
- **Premium Amount:** [Amount]
- **Payment Schedule:** [Monthly/Quarterly/Annual]

Your satisfaction is our priority. If you have any questions regarding your policy, or if you need to make any changes to your coverage, please contact your dedicated agent, [Agent Name], at [Phone Number] or [Email Address].

Thank you for choosing [Company Name]. We look forward to a long and successful relationship.

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]

Enclosure: [Policy Documents]