

[Date]

[Client Name]

[Business Name]

[Street Address]

[City, State, Zip Code]

Subject: Welcome to [Agency/Company Name] - Commercial Auto Policy #[Policy Number]

Dear [Client Name],

Thank you for choosing [Agency/Company Name] for your commercial auto insurance needs. We are pleased to welcome you as a client and appreciate the opportunity to protect your business vehicles.

Enclosed/Attached you will find your formal policy documents, including:

- Policy Declaration Page
- Insurance Identification Cards (for each vehicle)
- Certificate of Insurance
- Schedule of Covered Vehicles and Drivers

Please review these documents carefully to ensure all details-including vehicle identification numbers (VINs), driver lists, and coverage limits-are accurate. We recommend placing a copy of the Insurance ID cards in each covered vehicle immediately.

Important Information:

- **Policy Period:** [Effective Date] to [Expiration Date]
- **Claims Reporting:** To report a claim, please call [Claims Phone Number] or visit [Claims Website].
- **Billing:** Your premium payments should be directed to [Billing Entity] according to the schedule provided in the billing statement.

As your business grows or your fleet changes, please notify us so we can update your coverage accordingly. Adding or removing drivers and vehicles promptly is essential to maintaining your protection.

If you have any questions regarding your coverage or need to make adjustments, please contact me directly at [Phone Number] or via email at [Email Address].

We look forward to a long and successful partnership.

Sincerely,

[Agent Name]
[Title]
[Agency Name]