

[Date]

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

**Subject: Renewal of Policy Number: [Policy Number]**

Dear [Insured Name],

Thank you for continuing to choose [Company Name] for your insurance needs. We are pleased to provide you with your renewed policy documents for the upcoming term.

Enclosed you will find:

- Your updated Policy Declaration Page
- Proof of Insurance/ID Cards
- Renewal Schedule and Premium Summary
- Important Notices or Endorsements

Please review these documents carefully to ensure that the coverage limits, deductibles, and listed information accurately reflect your current requirements. If you need to make any adjustments or if your circumstances have changed over the past year, please contact us at your earliest convenience.

Your new policy period is effective from [Start Date] to [End Date]. To ensure uninterrupted coverage, please ensure that your premium payment of [Amount] is received by [Due Date]. If you are currently enrolled in automatic payments, no further action is required.

We appreciate your business and look forward to serving you for another year. If you have any questions regarding your renewal, please contact your agent or our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]  
[Title]  
[Company Name]