

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Renewal of Your Personal Auto Policy - [Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your auto insurance needs. We are pleased to provide you with your renewal policy documents for the upcoming term effective [Effective Date] to [Expiration Date].

Enclosed you will find:

- Your New Policy Declarations Page
- Updated Insurance Identification Cards
- Coverage Summary and Premium Invoice

Please review these documents carefully to ensure that your coverage limits, deductibles, and listed vehicles are correct. If you have had any major life changes, such as a new driver in the household or a change in annual mileage, please let us know so we can update your policy accordingly.

Payment Information:

To ensure continuous coverage without interruption, please remit your payment by [Due Date]. If you are enrolled in automatic payments, no further action is required.

We appreciate your continued business. If you have any questions regarding your renewal or would like to review your coverage options, please contact us at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]