

[Current Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

RE: Renewal of Commercial Insurance Policy: [Policy Number]

Dear [Policyholder Name],

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

Enclosed/attached you will find:

- The Policy Declaration Page
- Updated Coverage Forms and Endorsements
- Renewal Premium Invoice
- Required Legal Notices

Please review these documents carefully to ensure the limits, deductibles, and scheduled items accurately reflect your current business operations. If you have made any significant changes to your business over the past year-such as purchasing new equipment, expanding locations, or changing your service offerings-please notify us immediately to ensure your coverage remains adequate.

To maintain continuous coverage, please ensure that your premium payment is received by [Due Date]. Payments can be made via [Payment Methods: Online/Check/Phone].

We value your business and look forward to protecting your company for another year. If you have any questions regarding your renewal or would like to schedule a policy review, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]

[Title]

[Company Name]