

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your insurance needs. We are pleased to inform you that your insurance policy has been renewed for another year.

Your coverage and your annual premium remain unchanged for this upcoming period. Please find your updated policy documents and certificate of insurance attached for your records.

Policy Details:

- **Policy Number:** [Policy Number]
- **Renewal Effective Date:** [Date]
- **Annual Premium:** [Amount]

The premium will be collected using your existing payment method on [Payment Date]. No action is required from your side if your details remain the same.

We value your continued trust. If you have any questions or wish to review your coverage, please contact our customer service team at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Sender Name]

[Title]

[Company Name]