

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: ACTION REQUIRED: Your Annual Policy Renewal Documents

Dear [Recipient Name],

Thank you for choosing [Company Name] for your insurance needs. We are pleased to provide your renewal policy documents for the upcoming term effective [Start Date] through [End Date].

Action Required:

To ensure your coverage remains active and up to date, please complete the following steps by [Deadline Date]:

- **Review:** Carefully check the enclosed Policy Schedule for accuracy regarding coverage limits and premiums.
- **Sign:** Please sign the attached "Acknowledgment of Coverage" form.
- **Submit:** Return the signed form via [Email/Portal/Mail].
- **Payment:** Ensure your premium payment of [Amount] is processed by [Due Date] to avoid any lapse in coverage.

If you wish to make any changes to your current coverage or if your circumstances have changed (such as a change in address or risk exposure), please contact your agent immediately at [Phone Number].

You can also access your documents online at any time by logging into your account at [Website URL].

Sincerely,

[Sender Name]

[Title]

[Company Name]