

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: ACTION REQUIRED: Annual Policy Renewal - Signature Needed**

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your insurance needs. We are pleased to provide you with your annual renewal documents for Policy Number: **[Policy Number]**.

To ensure your coverage remains active and up to date, we require your signature on the enclosed documents. Please review the attached policy details for any changes in coverage, premiums, or terms for the upcoming period: **[Effective Date] to [Expiration Date]**.

**Instructions for Completion:**

- Review all renewal documents carefully.
- Sign and date the areas marked with a signature flag.
- Return the signed documents using the provided envelope or upload them via our secure portal at [Website Link].

Please return the signed documents no later than **[Due Date]** to avoid any lapse in coverage.

If you have any questions or wish to make changes to your policy, please contact your agent at [Phone Number] or email us at [Email Address].

Sincerely,

[Sender Name]

[Title]

[Company Name]