

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: Replacement Auto Insurance Policy and Identification Cards

Dear [Policyholder Name],

As requested, please find enclosed the replacement documents for your automobile insurance policy, number [Policy Number].

This package includes:

- Your updated Policy Declaration page.
- New Insurance Identification Cards for each covered vehicle.
- A summary of your current coverage and limits.

Please review these documents carefully to ensure all information is correct. We recommend placing the new Identification Cards in your vehicle's glove compartment immediately and disposing of any expired cards.

If you have any questions regarding your coverage or if further changes are needed, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title/Department]

[Insurance Company Name]