

[Date]

[Insured Name]

[Company Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Commercial Auto Insurance Policy Delivery

Dear [Insured Name],

Thank you for choosing [Insurance Agency/Company Name] for your commercial auto insurance needs. We are pleased to provide you with your official insurance documents.

Please find the following items enclosed:

- Your Commercial Auto Insurance Policy ([Policy Number])
- New Auto Insurance Identification Cards
- Summary of Coverages
- Premium Invoice (if applicable)

We recommend that you review your policy documents carefully to ensure all information, including vehicle descriptions and driver details, is accurate. Please place the new Identification Cards in each of your covered vehicles immediately and remove any expired cards.

Your policy is effective from [Start Date] to [End Date]. If you have any questions regarding your coverage or need to make any changes to your policy, please contact our office at [Phone Number] or via email at [Email Address].

We appreciate your business and look forward to serving you.

Sincerely,

[Sender Name]

[Title]

[Insurance Agency/Company Name]