

[Date]

[Insured Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**Subject: Delivery of Comprehensive Auto Insurance Policy and ID Card**

Dear [Insured Name],

Thank you for choosing [Insurance Company Name] for your vehicle protection needs. We are pleased to confirm that your Comprehensive Auto Insurance policy is now active.

Please find the following documents enclosed with this letter:

- **Policy Declaration Page:** Outlines your coverage limits, deductibles, and premium details.
- **Insurance Identification Card:** Please print this card and keep a copy in your vehicle at all times as proof of insurance.
- **Policy Booklet:** Contains the full terms and conditions of your coverage.

**Policy Information Summary:**

- Policy Number: [Policy Number]
- Effective Date: [Start Date]
- Expiration Date: [End Date]
- Insured Vehicle: [Year, Make, Model, VIN]

We recommend that you review these documents carefully to ensure all information is accurate. If you need to make any changes, file a claim, or have questions regarding your coverage, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

We appreciate your business and look forward to serving you.

Sincerely,

[Agent Name/Department Name]  
[Insurance Company Name]  
[Contact Information]