

head>

[Date]

[Insured Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

Re: Commercial Auto Policy Number: [Policy Number]

Dear [Insured Name],

Thank you for choosing [Agency/Company Name] for your commercial auto insurance needs. Enclosed is your new insurance policy for the period of [Start Date] to [End Date].

Please review your policy documents carefully to ensure all coverage limits and vehicle information are correct. While your coverage is currently active, we noticed that the following required documents are missing signatures:

- [Document Name 1, e.g., Uninsured Motorist Selection Form]
- [Document Name 2, e.g., Driver Exclusion Form]
- [Document Name 3, e.g., Policy Application]

Please sign and date the highlighted areas on the enclosed forms and return them to our office by [Due Date]. You may return them via:

- **Email:** [Email Address]
- **Fax:** [Fax Number]
- **Mail:** Using the enclosed prepaid envelope

Failure to return these signed documents may result in policy adjustment or cancellation as required by state regulations.

If you have any questions regarding your policy or these forms, please contact us at [Phone Number].

Sincerely,

[Agent Name]

[Agency Name]