[Current Date]

[Contractor Name]
[Contractor Address]
[City, State, Zip Code]

Subject: Renewal Notice - Rideshare Gap Insurance Coverage

Dear [Contractor Name],

This letter is to inform you that your current Rideshare Gap Insurance Coverage is scheduled to expire on [Expiration Date].

As an independent contractor, maintaining this gap coverage is essential to ensure you are protected during the period when your personal auto insurance and the rideshare company's commercial policy may not overlap (Period 1).

Policy Details:

- Current Policy Number: [Policy Number]
- Renewal Effective Date: [Renewal Date]
- Renewal Premium Amount: $[Amount]

Action Required:

To ensure uninterrupted coverage, please complete the renewal process by [Due Date]. You can renew your coverage by:

- Logging into your account at [Website URL]
- Calling our support team at [Phone Number]
- Replying to this email with your confirmation

Failure to renew by the expiration date may result in a lapse of coverage and potential non-compliance with your independent contractor agreement.

If you have updated your vehicle or have questions regarding your policy limits, please contact us immediately.

Thank you for your continued partnership.

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]