

Date: [Insert Date]

To: [Policyholder Name]

[Company Name]

[Company Address]

Subject: RENEWAL NOTICE: Commercial Delivery Fleet Expansion Insurance

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Dear [Client Name],

Your commercial delivery fleet insurance policy is scheduled to expire on [Expiration Date]. To ensure uninterrupted coverage for your expanding fleet, it is time to begin the renewal process.

Current Fleet Overview:

According to our records, your fleet currently consists of [Number] active delivery vehicles. We understand your operations are expanding, and we are ready to incorporate your new vehicle additions into this renewal.

Renewal Action Required:

- Review the attached schedule of covered vehicles.
- Provide the VIN, make, and model for all new vehicles added during the expansion.
- Confirm the primary operating radius for the upcoming term.
- Return the signed renewal application by [Insert Due Date].

Premium Information:

The estimated renewal premium is \$[Insert Amount]. This quote reflects your fleet expansion and any applicable volume discounts for commercial operators.

To prevent a lapse in coverage, please contact us at [Phone Number] or reply to this email to confirm your renewal instructions.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]