

[Date]

[Member Name]

[Member Address]

[City, State, Zip Code]

Subject: Important Information Regarding Your Auto Loan Insurance Referral Policy

Dear [Member Name],

Thank you for choosing [Credit Union Name] for your auto financing needs. Our records indicate that your current auto insurance policy, obtained through our referral program with [Insurance Agency/Company Name], is approaching its renewal date of [Expiration Date].

As part of our commitment to your financial well-being, we want to ensure you continue to receive the comprehensive coverage and competitive rates provided through this partnership. Maintaining continuous insurance coverage is a requirement of your loan agreement with the Credit Union.

What you need to do:

- **Review your renewal offer:** You should receive a renewal package directly from [Insurance Agency/Company Name] shortly.
- **Verify coverage limits:** Ensure your policy continues to meet the minimum requirements of your auto loan.
- **Confirm payment:** Follow the instructions provided by the insurer to finalize your premium payment and prevent any lapse in coverage.

If you have updated your insurance provider or made changes to your policy, please provide us with a copy of your new Declarations Page. You can submit this via [Email Address], [Fax Number], or by visiting any of our local branches.

If you have questions regarding your renewal or wish to explore additional coverage options, please contact [Insurance Agency/Company Name] directly at [Phone Number]. For questions regarding your auto loan, please call our Member Services team at [Credit Union Phone Number].

Thank you for your continued membership.

Sincerely,

[Sender Name/Department]

[Credit Union Name]