[Date]

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

Dear [Client Name],

Welcome to [Agency Name]! We are pleased that you have chosen us to handle your insurance needs. Our goal is to provide you with professional service and peace of mind knowing your assets are protected.

Your new Auto Insurance Policy is now active. Below is a brief overview of your coverage details:

Policy Coverage Overview

- **Policy Number:** [Policy Number]
- **Carrier:** [Insurance Company Name]
- **Effective Date:** [Start Date]
- **Insured Vehicle(s):** [Year, Make, Model]

Coverage Type	Limits / Deductibles
Bodily Injury Liability	$[Amount] per person / $[Amount] per accident
Property Damage Liability	$[Amount] per accident
Comprehensive Deductible	$[Amount]
Collision Deductible	$[Amount]
Uninsured/Underinsured Motorist	$[Amount]
Roadside Assistance	[Yes/No]
Rental Reimbursement	[Limits or No]

Please review your full policy documents for complete terms, conditions, and exclusions. We recommend keeping a copy of your insurance ID card in your vehicle at all times.

If you have any questions, need to make a change to your policy, or need to report a claim, please contact us at [Phone Number] or [Email Address].

Thank you for your business!

Sincerely,

[Agent Name]

[Agency Name]
[Website URL]