[Date]

[Policyholder Name]
[Business Name]
[Address Line 1]
[City, State, Zip]

Subject: Welcome to [Agency Name] - Commercial Auto Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Agency Name] for your commercial auto insurance needs. We are pleased to welcome you as a client and look forward to protecting your business vehicles and drivers.

Enclosed you will find your policy documents, including your insurance identification cards for each covered vehicle. Please ensure that a copy of the ID card is placed in every vehicle listed on your policy immediately.

Your Coverage Overview:

- **Carrier:** [Insurance Company Name]
- **Policy Period:** [Effective Date] to [Expiration Date]
- **Key Coverages:** [Liability / Physical Damage / Cargo / Hired & Non-Owned]

Service and Claims:

If you need to make changes to your policy, such as adding a new vehicle or driver, please contact us at [Phone Number] or [Email Address]. In the event of an accident or claim, you can report it directly to [Carrier Name] at [Claims Phone Number] or notify our office for assistance.

We are committed to providing you with excellent service and competitive rates. We will contact you prior to your renewal to review your coverage and ensure it still meets your business requirements.

Sincerely,

[Agent Name]
[Title]
[Agency Name]
[Website URL]