

[Company Letterhead / Logo Space]

[Date]

[Policyholder Name]

[Attention: Fleet Manager]

[Address Line 1]

[City, State, Zip Code]

**RE: Commercial Auto Insurance ID Cards - Policy Number: [Policy Number]**

Dear [Contact Name],

Thank you for choosing [Insurance Company Name] for your commercial fleet insurance needs. We are pleased to welcome you as a valued client.

Please find enclosed the updated Permanent Insurance Identification Cards for your fleet vehicles. These cards serve as proof of financial responsibility and should be placed in the glove compartment of each respective vehicle immediately.

**Important Instructions:**

- Verify that the Year, Make, and VIN on each card match your current fleet roster.
- Distribute the cards to your drivers as soon as possible.
- Remove and destroy any expired ID cards currently in the vehicles.

In the event of an accident, please refer to the claims reporting instructions listed on the back of the ID cards or call our 24/7 Claims Service Center at [Phone Number].

If you have any questions regarding your coverage or need to make changes to your fleet schedule, please contact your agent at [Agent Phone Number] or email us at [Email Address].

We appreciate your business and look forward to serving your commercial insurance needs.

Sincerely,

[Sender Name]

[Title]

[Insurance Company/Agency Name]

Enclosures: [Number] Identification Cards