

[Date]

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

Dear [Contact Name],

Welcome to [Agency Name]. We are pleased to confirm that your commercial fleet insurance coverage is now active. We look forward to partnering with you to manage your fleet's risk and safety requirements.

### **Your Policy Information:**

- **Carrier:** [Insurance Carrier Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]

### **Immediate Next Steps:**

1. **Distribute Insurance Cards:** Please ensure a current insurance ID card is placed in every vehicle within your fleet immediately.
2. **Driver List Review:** Review the attached driver schedule. Please notify us of any new hires or terminations within [Number] days to ensure continuous coverage.
3. **Online Portal Access:** You will receive an email invitation to our client portal where you can issue Certificates of Insurance (COIs) and access policy documents 24/7.

### **Claims Reporting:**

In the event of an accident, please report the claim as soon as possible. You can report claims directly to [Carrier Name] at [Phone Number] or contact our office at [Agency Phone Number].

### **Your Dedicated Service Team:**

- **Account Manager:** [Name] - [Email]
- **Certificates/Service:** [Name/Email]

Thank you for choosing [Agency Name]. We will contact you in the coming weeks to schedule a brief review of your safety manuals and loss control resources.

Sincerely,

[Your Name]  
[Your Title]  
[Agency Name]