[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Notice of Auto Insurance Policy Continuation

Dear [Customer Name],

Thank you for choosing [Company Name] for your auto insurance needs. We are writing to confirm that your current policy, number [Policy Number], is scheduled for continuation on [Renewal Date].

We value your loyalty and are pleased to inform you that your coverage will continue without interruption. Your updated policy documents and new insurance ID cards are enclosed with this letter.

Policy Summary:

- **Vehicle(s):** [Year, Make, Model]
- **New Term:** [Start Date] to [End Date]
- **New Premium Amount:** $[Amount]

If you have set up automatic payments, no action is required; your premium will be deducted on [Payment Date]. If you pay manually, please ensure your payment is received by [Due Date] to maintain continuous coverage.

We recommend reviewing your coverage limits and deductibles to ensure they still meet your needs. If you have had any major life changes, such as a new address or a change in daily mileage, please let us know so we can adjust your policy accordingly.

If you have any questions or wish to make changes to your policy, please contact your agent at [Agent Phone Number] or visit our website at [Website URL].

Safe driving,

[Sender Name]
[Title]
[Company Name]