

[Agency or Insurance Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

RE: Business Owners Policy (BOP) Renewal Summary

Policy Number: [Policy Number]

Renewal Effective Date: [Date]

Dear [Policyholder Name],

We are pleased to inform you that your Business Owners Policy is scheduled for renewal. We appreciate your continued trust in [Company Name] to protect your business.

Below is a summary of your renewal premium and coverage details:

Description	Expiring Term	Renewal Term
Policy Period	[Old Start Date] to [Old End Date]	[New Start Date] to [New End Date]
Total Premium	[\$Amount]	[\$Amount]

Key Coverage Highlights:

- General Liability Limit: [\$Amount]
- Property/Building Limit: [\$Amount]
- Business Personal Property: [\$Amount]
- Deductible: [\$Amount]

Next Steps:

If you are enrolled in automatic payments, no action is required; your premium will be deducted on [Date]. If you pay by check or manual invoice, please remit payment by [Due Date] to ensure uninterrupted coverage.

Please review your renewal documents carefully. If there have been any changes to your business operations, locations, or equipment, contact us immediately to update your coverage.

Thank you for your business.

Sincerely,

[Agent Name/Account Manager]

[Title]