

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

[Date]

[Client Name]
[Client Business Name]
[Client Address]
[City, State, Zip Code]

Subject: Renewal Summary of Your Business Owners Policy (BOP)

Dear [Client Name],

We are pleased to inform you that your Business Owners Policy (BOP) is scheduled for renewal on **[Renewal Date]**. Below is a summary of your coverage and the upcoming premium details for the policy period of [Start Date] to [End Date].

Policy Number: [Policy Number]

Carrier: [Insurance Carrier Name]

Coverage Highlights:

- General Liability: \$[Amount]
- Commercial Property: \$[Amount]
- Business Interruption: [Included/Amount]
- Tools and Equipment (Inland Marine): \$[Amount]
- Medical Payments: \$[Amount]

Premium Summary:

- Annual Renewal Premium: \$[Amount]
- Taxes and Fees: \$[Amount]
- **Total Renewal Amount: \$[Total Amount]**

Action Required:

Please review the attached renewal documents carefully. If there have been significant changes to your business operations, such as new services offered, increased revenue, or additional equipment purchases, please contact us immediately to ensure your limits are adequate.

To confirm your renewal and maintain continuous coverage, please [instruction: e.g., sign the attached form / submit payment] by [Due Date].

Thank you for choosing [Company Name] for your contracting business insurance needs. We appreciate your continued partnership.

Sincerely,

[Agent Name]

[Title]

[Email Address]