

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

[Date]

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

RE: Renewal Summary for Business Owners Policy (BOP)

Policy Number: [Policy Number]
Expiration Date: [Expiration Date]

Dear [Policyholder Name],

Thank you for choosing [Agency Name] for your business insurance needs. Your current Business Owners Policy (BOP) is scheduled to expire on [Expiration Date]. We have prepared a summary of your renewal terms below to ensure your coverage continues without interruption.

Renewal Overview:

- **Carrier:** [Insurance Company Name]
- **New Policy Period:** [Start Date] to [End Date]
- **Total Renewal Premium:** \$[Amount]
- **Payment Due Date:** [Due Date]

Summary of Coverages:

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

Action Required:

Please review the enclosed renewal documents carefully. If there have been any significant changes to your business operations, location, or equipment over the past year, please contact us immediately to adjust your limits.

To accept this renewal, please [Instruction: e.g., remit payment by the due date / sign and return the attached form].

If you have any questions or would like to discuss your coverage options, please call us at [Phone Number] or email [Email Address].

Sincerely,

[Agent Name]
[Title]