

[Date]

[Policyholder Name]

[Unit Number]

[Building Address]

[City, State, Zip Code]

Subject: Notice of Annual Insurance Renewal - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that your condominium insurance policy is scheduled for annual renewal on **[Expiration Date]**. To ensure continuous coverage of your unit and personal property, please review the details below.

Renewal Summary:

- **New Policy Period:** [Start Date] to [End Date]
- **Annual Premium:** \$[Amount]
- **Payment Due Date:** [Date]

What is covered:

Your policy continues to provide coverage for your personal belongings, interior improvements (additions and alterations), personal liability, and loss assessment. We recommend reviewing your coverage limits to ensure they reflect the current value of your possessions and any recent renovations made to your unit.

Action Required:

If you are enrolled in automatic payments, no action is required; your premium will be deducted on [Date]. If you pay manually, please submit your payment via [Payment Method/Website] by the due date to avoid a lapse in coverage.

Attached you will find your updated Policy Declaration page and proof of insurance for your records. You may be required to provide a copy of these documents to your Condominium Association or mortgage lender.

If you have any questions or wish to update your coverage options, please contact our office at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name/Signature]
[Insurance Company Name]
[Contact Information]