

[Date]

[Policyholder Name]

[Unit Number]

[Building Name/Address]

[City, State, Zip Code]

Subject: Renewal Notice for Condominium Insurance Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that your condominium unit owners insurance policy (HO-6) is scheduled to expire on [Expiration Date].

We are pleased to offer a renewal of your coverage for the upcoming term. To ensure your home and personal belongings remain protected, please review the enclosed renewal documents which detail your updated premium and coverage limits.

Renewal Summary:

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

Please note that your policy provides coverage for your personal property, personal liability, and "walls-in" improvements. We recommend reviewing your building's master insurance policy to ensure there are no gaps between your individual coverage and the association's coverage, particularly regarding loss assessment.

Next Steps:

If you are enrolled in automatic payments, no further action is required. If you pay manually, please submit your payment via [Online Portal/Check/Phone] by the due date to avoid any lapse in coverage.

If you have made any recent renovations to your unit or purchased high-value items, please contact us so we can adjust your coverage accordingly.

Thank you for choosing [Insurance Agency/Company Name].

Sincerely,

[Agent Name/Signature]

[Insurance Company Name]

[Phone Number]

[Email Address]