

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

[Date]

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

RE: Notice of Policy Renewal

Policy Number: [Policy Number]
Insured Property: [Condo Unit Address]
Renewal Period: [Start Date] to [End Date]

Dear [Policyholder Name],

We are pleased to inform you that your standard condominium insurance policy is scheduled for renewal. This letter serves as your official notice and includes your updated declarations page and premium information.

Renewal Summary:

- **New Annual Premium:** \$[Amount]
- **Payment Due Date:** [Date]
- **Deductible:** \$[Amount]

Coverage Overview:

Your policy continues to provide coverage for your personal property, loss of use, personal liability, and additions/alterations (HO-6) as specified in your policy documents. We recommend reviewing your coverage limits to ensure they still meet your needs, especially if you have made recent renovations or purchased high-value items.

Action Required:

If your premium is paid through an escrow account, this notice is for your records only; a copy has been sent to your mortgagee. If you pay directly, please submit your payment by [Date] to ensure uninterrupted coverage.

You can manage your policy, view full documents, or make a payment online at [Website URL].

Thank you for choosing [Company Name] for your condominium insurance needs. If you have any questions regarding this renewal, please contact your agent at [Agent Phone Number].

Sincerely,

[Sender Name/Department]

[Company Name]