

To: [Client Name/Executive Team]

From: [Account Executive Name]

Date: [Current Date]

Subject: Executive Summary: [Year] Commercial Auto Fleet Insurance Renewal

1. Executive Overview

This summary outlines the renewal terms for your commercial auto fleet for the period of [Effective Date] to [Expiration Date]. The program focuses on maintaining comprehensive coverage while managing total cost of risk across your [Total Number] power units.

2. Premium Summary

| Category | Expiring Policy [Year] | Renewal Policy [Year] | % Change |
|-----------------------|------------------------|-----------------------|----------|
| Total Program Premium | [\$Amount] | [\$Amount] | [%] |
| Rate Per Power Unit | [\$Amount] | [\$Amount] | [%] |

3. Key Coverage Components

- **Auto Liability:** \$[Limit] Combined Single Limit (CSL).
- **Physical Damage:** Comprehensive and Collision coverage for scheduled vehicles based on [Actual Cash Value/Stated Amount].
- **Deductibles:** Liability \$[Amount] / Physical Damage \$[Amount].
- **Hired & Non-Owned:** Included for vicarious liability protection.

4. Exposure & Fleet Changes

- **Fleet Size:** Increased/Decreased by [Number] units since last renewal.
- **Radius of Operation:** Primary operations remain within [Mileage Radius].
- **Loss History:** Total incurred losses for the prior term were \$[Amount] across [Number] claims.

5. Market Observations & Recommendations

[Briefly describe market conditions and any recommended changes to safety protocols or telematics usage to mitigate future rate increases].

6. Binding Requirements

To bind coverage effective [Date], we require the following by [Deadline Date]:

- Signed Renewal Application.
- Updated Vehicle Schedule.
- Updated Driver List.
- Confirmation of [Specific Endorsement] acceptance.

Sincerely,

[Your Name]

[Your Title]

[Your Company]