

[Date]

[Client Name]

[Company Name]

[Address]

[City, State, Zip Code]

RE: FINAL REMINDER - Commercial Auto Fleet Policy Renewal

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Client Contact Name],

This is a final reminder that your commercial auto fleet insurance policy is scheduled to expire on **[Expiration Date]**. To date, we have not received your renewal authorization or the required documentation.

To avoid a lapse in coverage and to ensure your vehicles remain legally insured, please provide the following immediately:

- Updated vehicle schedule (if any changes)
- Current driver list and MVRs
- Signed renewal application
- Premium payment or financing agreement

Failure to renew by the expiration date will result in the automatic termination of your coverage, which may lead to legal penalties, impounded vehicles, and increased future premiums.

Please contact us at [Phone Number] or [Email Address] immediately to finalize your renewal.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]