

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

**RE: Premium Estimate for Commercial Auto Fleet Renewal**

Policy Number: [Policy Number]

Renewal Period: [Start Date] to [End Date]

Dear [Client Name],

Thank you for choosing [Insurance Agency/Company Name] for your commercial fleet coverage. Your current policy is scheduled to renew on [Expiration Date].

Based on our preliminary review of your fleet schedule, loss history, and current market rates, we have prepared the following estimated renewal premium:

- **Estimated Renewal Premium:** \$[Amount]
- **Prior Year Premium:** \$[Amount]
- **Number of Scheduled Vehicles:** [Number]

Please note that this is an **estimate only**. The final premium may change based on the following factors:

- Updates to the vehicle schedule (additions or deletions).
- Changes in driver motor vehicle records (MVRs).
- Final verification of loss runs.
- Applicable state taxes and surcharges.

To finalize your renewal and ensure continuous coverage, please review the attached vehicle schedule and provide any necessary updates by [Due Date].

We value your business and look forward to continuing our partnership. If you have any questions regarding this estimate, please contact me directly at [Phone Number] or [Email].

Sincerely,

[Agent Name]

[Title]

[Insurance Agency/Company Name]