

[Current Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: Notice of Insurance Renewal - Commercial Auto Fleet

Policy Number: [Policy Number]

Expiration Date: [Policy Expiration Date]

Dear [Policyholder Name],

We are pleased to inform you that your Commercial Auto Fleet insurance policy is scheduled for renewal on [Renewal Date]. We value your business and look forward to continuing our partnership to protect your company's vehicles and drivers.

Renewal Details:

- **New Policy Period:** [Start Date] to [End Date]
- **Total Fleet Count:** [Number of Vehicles]
- **Annual Premium:** [Premium Amount]

Attached to this letter, you will find your renewal schedule, updated vehicle list, and premium breakdown. Please review these documents carefully to ensure all vehicle identification numbers (VINs) and driver lists are accurate.

Action Required:

1. Review the attached fleet schedule for accuracy.
2. Notify us of any additions or deletions to your fleet or driver roster.
3. Remit payment by [Payment Due Date] to ensure uninterrupted coverage.

If you would like to discuss your coverage limits or explore additional fleet safety options, please contact your agent at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]