

[Company Letterhead/Header]

[Date]

[Insured Name]

[Address Line 1]

[City, State, Zip Code]

RE: Notice of Mandatory State Compliance - Commercial Auto Fleet Renewal

Policy Number: [Policy Number]

Renewal Date: [Expiration Date]

Dear [Policyholder Name],

Your commercial auto fleet policy is approaching its renewal date. To ensure your fleet remains in compliance with state regulations and to prevent any lapse in coverage, we require updated information regarding your vehicle inventory and driver list.

To finalize your renewal and maintain state filing requirements, please provide the following:

- **Updated Vehicle Schedule:** A complete list of all units including Year, Make, Model, and VIN.
- **Driver Information:** Full names and driver's license numbers for all operators to facilitate MVR (Motor Vehicle Report) checks.
- **Garaging Address:** Confirmation of the primary location for all fleet vehicles for tax and rating purposes.
- **Safety Compliance:** Documentation of any DOT safety audits or inspections completed in the last 12 months.

Please submit the requested documentation by [Due Date] to ensure that your new insurance identification cards and state compliance filings are processed before the current policy expires.

Failure to provide this information may result in a non-renewal or a disruption in your state-mandated filings, which could lead to vehicle registration suspension.

If you have any questions or wish to discuss changes to your coverage limits, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Underwriter/Agent Name]

[Company Name]