

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: Confirmation of Automatic Payment Renewal - Umbrella Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that your personal umbrella liability insurance policy has been successfully renewed for the upcoming term effective [Start Date] through [End Date].

As you are currently enrolled in our Automatic Payment Plan, no manual action is required on your part. Your renewal premium will be processed automatically using the payment method currently on file.

Payment Summary:

- **Total Renewal Premium:** \$[Amount]
- **Payment Schedule:** [Monthly/Quarterly/Annual]
- **Next Withdrawal Date:** [Date]
- **Account Ending In:** [Last 4 Digits of Card/Bank Account]

Please review your enclosed policy documents to ensure your coverage limits and underlying policy information remain accurate. Maintaining consistent liability protection is essential for your financial security.

If you wish to update your payment information, change your billing frequency, or discuss your coverage details, please contact your agent at [Agent Phone Number] or log in to your account at [Website URL].

Thank you for choosing [Insurance Company Name] for your protection needs.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Customer Service Phone Number]