

FINAL NOTICE

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: Urgent: Verification Required for Multi-Policy Discount

Dear [Policyholder Name],

We are writing to provide a final notice regarding the Multi-Policy Discount currently applied to your insurance premium. To maintain this discount, we require verification of your qualifying secondary policy.

Our records indicate that we have not yet received the necessary documentation or confirmation of your [Insert Type, e.g., Homeowners/Life] policy held with our partner affiliates.

Action Required:

Please provide proof of your active secondary policy by [Insert Deadline Date]. You may submit this information by:

- Emailing a copy of your Declarations Page to [Insert Email Address]
- Uploading documents via our secure portal at [Insert Website URL]
- Calling our verification department at [Insert Phone Number]

Consequences of Non-Compliance:

If we do not receive verification by the deadline stated above, the Multi-Policy Discount will be removed from your account effective [Insert Date]. This will result in an increase in your premium amount, and a supplemental bill will be issued for the difference.

If you have already submitted this information within the last 48 hours, please disregard this notice.

Sincerely,

[Name/Department]

[Company Name]