

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Subject: Verification Required for Upcoming Policy Renewal - [Policy Number]

Dear [Policyholder Name],

Your [Policy Type, e.g., Auto] insurance policy is scheduled for renewal on [Renewal Date]. To ensure you continue receiving your Multi-Policy Discount, we need to verify the status of your qualifying secondary policies.

Our records indicate you currently receive a discount for bundling the following:

- [Policy Type 1]: [Policy Number 1]
- [Policy Type 2]: [Policy Number 2]

Action Required:

If all policies listed above are still active and in your name, no further action is required. Your discount will automatically apply to your upcoming renewal premium.

If any of these policies have been canceled, moved to another provider, or if you have added a new policy that may qualify for additional savings, please contact us at [Phone Number] or reply to this letter by [Deadline Date].

Maintaining multiple policies with [Company Name] not only simplifies your billing but currently saves you approximately [Discount Amount/Percentage] on your annual premiums.

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Agent Name/Department]
[Company Name]