

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

[Date]

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

## **FINAL RENEWAL NOTICE**

Policy Number: [Policy Number]  
Vehicle: [Year, Make, Model]  
Expiration Date: [Expiry Date]

Dear [Policyholder Name],

This is the final notice regarding the renewal of your classic car insurance policy. Your current coverage is scheduled to expire on **[Expiry Date]**. To ensure your vehicle remains protected at its current Agreed Value, payment must be received before the expiration date.

### **Policy Details:**

- **Agreed Value Coverage:** \$[Amount]
- **Renewal Premium:** \$[Amount]
- **Payment Due Date:** [Date]

If your policy lapses, you may be required to submit new photographs and a professional appraisal to reinstate Agreed Value coverage. A gap in coverage may also affect your eligibility for specialized collector vehicle rates.

### **How to Renew:**

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Return the enclosed payment voucher in the provided envelope.

If you have already sent your payment, please disregard this notice. If you wish to discuss changes to your Agreed Value or mileage limits, please contact us immediately.

Sincerely,

[Name/Department]  
[Company Name]