[Date]

[Recipient Name]
[Recipient Title]
[Company Name]
[Address]
[City, State, Zip Code]

Subject: Welcome to [Your Insurance Agency/Company Name]

Dear [Recipient Name],

Thank you for choosing [Your Insurance Agency/Company Name] for your commercial auto insurance needs. We appreciate the opportunity to protect your business fleet and support your company's growth.

Enclosed you will find your policy documents, including your insurance identification cards and a summary of your coverage limits. Please review these documents carefully to ensure all vehicle and driver information is accurate.

Your policy details are as follows:

- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]

We are committed to providing you with excellent service and competitive rates. If you have any questions regarding your coverage, need to add a new driver, or wish to report a claim, please contact your dedicated agent, [Agent Name], at [Phone Number] or [Email Address].

Thank you again for your trust and your business.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]