

Coverage Update Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you that your insurance coverage with [Insurance Company Name] has expired as of [Expiration Date].

To ensure that you continue to receive uninterrupted coverage, we encourage you to review your options for renewing your policy. Please contact us at [Phone Number] or [Email Address] at your earliest convenience.

Thank you for being a valued client. We look forward to assisting you in maintaining your coverage.

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]

[Company Address]

[Phone Number]

[Email Address]