

# Transport Fleet Insurance Renewal Adjustment Letter

[Your Name]

[Your Title]

[Your Company]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Transport Fleet Insurance Renewal Adjustment**

Dear [Insurance Agent's Name],

We are writing to discuss the renewal of our transport fleet insurance policy that is set to expire on [expiration date]. After reviewing our current coverage and fleet requirements, we believe it is essential to adjust our policy to better suit our evolving needs.

Based on the recent changes in our fleet, including the addition of [number] new vehicles and the sale of [number] older ones, we would like to request a reassessment of our insurance coverage. Additionally, we have implemented [mention any safety or risk management initiatives], which we believe should positively impact our premiums.

We would appreciate your guidance on the necessary steps to adjust our policy accordingly and would like to schedule a meeting to discuss this matter further. Please let us know your available times in the coming week.

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Company]