

Transport Fleet Insurance Renewal Application

Date: [Insert Date]

To,

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Application for Renewal of Transport Fleet Insurance

Dear [Insurance Manager's Name],

I am writing to formally request the renewal of our transport fleet insurance policy, which is set to expire on [Insert Expiration Date]. Our policy number is [Insert Policy Number].

We have consistently maintained our fleet in compliance with safety regulations and have had no major claims since our last renewal. As of now, our fleet consists of [Number of Vehicles] vehicles, all of which have been regularly serviced and monitored.

We would like to review our current coverage and discuss any options for updates or enhancements as necessary. Please let us know the required documentation and any additional details necessary for the renewal process.

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

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Your Contact Information]