

Transport Fleet Insurance Renewal Confirmation

Date: [Insert Date]

To: [Client Name]

[Client Address]

Dear [Client Name],

We are pleased to confirm the renewal of your transport fleet insurance policy with us. The coverage period will commence on [Start Date] and will continue until [End Date].

Your policy details are as follows:

- Policy Number: [Policy Number]
- Coverage Amount: [Coverage Amount]
- Premium Amount: [Premium Amount]
- Number of Vehicles Insured: [Number of Vehicles]

If you have any questions or require further assistance, please do not hesitate to contact us at [Contact Number] or [Email Address].

Thank you for choosing [Insurance Company Name] for your transport fleet insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[Contact Number]

[Email Address]