

Insurance Policy Expiration Confirmation

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Insert Policyholder Name],

This letter is to confirm that your insurance policy with the number [Insert Policy Number] is set to expire on [Insert Expiration Date]. Please take note of this date to ensure continuity of coverage if you wish to renew your policy.

If you have any questions regarding your policy or would like to discuss renewal options, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insert Insurance Company Name].

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Insurance Company Name]

[Insert Company Contact Information]