

# Annual Premium Invoice Inquiry

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the renewal terms for my annual premium invoice associated with [Policy Number] scheduled for renewal on [Renewal Date].

Could you please provide details regarding any changes in the premium amount, coverage options, and any additional documentation that may be required for the renewal process? I would appreciate your prompt response so I can ensure timely handling of the renewal.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]