

Insurance Rate Reconsideration Notification

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Address: [Insert Address]

Dear [Insert Policyholder Name],

We are writing to notify you of our decision to reconsider the insurance rates associated with your policy. Based on a comprehensive review of your claims history and current market conditions, we believe there may be an opportunity to adjust your premiums.

Please contact our office at [Insert Phone Number] or [Insert Email Address] to discuss this matter further and to explore potential adjustments to your policy.

Thank you for being a valued customer. We look forward to assisting you.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Company Name]

[Insert Company Contact Information]