

# Trial Policyholder Correspondence

Date: [Insert Date]

Dear [Policyholder's Name],

Thank you for choosing our services for your coverage needs. We are writing to inform you about important details regarding your trial policy.

Your trial policy number is [Insert Policy Number]. This trial period will last for [Insert Duration], starting from [Insert Start Date] to [Insert End Date]. During this time, you will have access to all the benefits outlined in your policy summary.

If you have any questions or require assistance, please do not hesitate to reach out to our customer service team at [Insert Contact Information].

We appreciate your trust in us and look forward to serving you during this trial period.

Sincerely,  
[Your Name]  
[Your Title]  
[Company Name]