Collateral Protection Insurance Renewal Notification

| Date: [Insert Date] |
|---|
| To: [Customer Name] |
| [Customer Address] |
| [City, State, Zip Code] |
| Dear [Customer Name], |
| We are writing to remind you that your Collateral Protection Insurance (CPI) policy is due for renewal on [Insert Renewal Date]. To ensure continued protection for your collateral, it is important that you complete the renewal process. |
| Your current coverage details are as follows: |
| Policy Number: [Insert Policy Number] Insured Collateral: [Insert Insured Item(s)] Coverage Amount: [Insert Coverage Amount] |
| Please review your policy details and let us know if there are any changes needed. You can contact us at [Insert Contact Information] or visit our website at [Insert Website] for further assistance. |
| To ensure uninterrupted coverage, please complete your renewal by [Insert Renewal Deadline] If we do not receive confirmation by this date, your coverage may lapse. |
| Thank you for your continued trust in us. We look forward to serving you in the coming year. |
| Sincerely, |
| [Your Name] |
| [Your Title] |
| [Company Name] |
| [Company Contact Information] |