

Mandatory Insurance Policy Notification

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

City, State, Zip: [City, State, Zip]

Dear [Recipient Name],

We are writing to inform you about the mandatory insurance policy requirements that will take effect on [Insert Effective Date]. As part of our commitment to ensuring your safety and compliance with applicable laws, we require the following coverage:

- Policy Type: [Insert Policy Type]
- Minimum Coverage: [Insert Minimum Coverage Amount]
- Policy Start Date: [Insert Start Date]
- Provider: [Insert Insurance Provider Name]

Please ensure that your insurance policy is in place by the deadline of [Insert Deadline Date]. Failure to comply may result in [Insert Consequences of Non-Compliance].

If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]