

Policy Renewal Acceptance Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally accept the renewal conditions for my insurance policy [Policy Number], which is set to renew on [Renewal Date]. I have reviewed the terms and conditions outlined in your recent correspondence and I agree to the terms specified.

Please let me know if there are any further steps I need to take to complete this renewal process. Thank you for your continued service.

Sincerely,

[Your Name]