

Agreement on Renewed Policy Terms

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that we have reviewed your policy and are offering renewed terms for your coverage. Below are the key details of the renewed policy:

- Policy Number: [Insert Policy Number]
- Start Date: [Insert Start Date]
- End Date: [Insert End Date]
- Premium Amount: [Insert Premium Amount]
- Coverage Details: [Insert Coverage Details]

Please review the terms above and signify your acceptance by signing below.

Signature: _____

Name: [Recipient's Name]

Date: _____

Thank you for your continued trust in our services.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]