

# Notification of Insurance Policy Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your insurance policy (Policy Number: [Insert Policy Number]) has been successfully extended for another year. The new expiration date is [Insert New Expiration Date].

We appreciate your continued trust in us and look forward to serving your insurance needs. If you have any questions, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]