

Notification of Insurance Policy Coverage Extension

Date: [Insert Date]

To: [Insured's Name]

[Insured's Address]

Dear [Insured's Name],

We are pleased to inform you that your insurance policy, Policy Number [Insert Policy Number], has been successfully extended. Your new coverage period will be from [Start Date] to [End Date].

During this coverage period, you can continue to enjoy the benefits and protections provided under your policy. Please take a moment to review the updated terms and conditions enclosed with this letter.

If you have any questions regarding your policy or the extension, please do not hesitate to contact us at [Contact Information].

Thank you for choosing [Insurance Company Name]. We appreciate your business and look forward to serving your insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[Company Phone Number]