

# Notification of Extended Automobile Insurance Coverage

Date: [Insert Date]

Dear [Customer's Name],

We are pleased to inform you that your automobile insurance coverage has been extended. This extension will provide you with continued protection and peace of mind for your vehicle.

Your new coverage details are as follows:

- **Policy Number:** [Insert Policy Number]
- **New Coverage Effective Date:** [Insert Date]
- **Coverage Amount:** [Insert Coverage Amount]
- **Premium Amount:** [Insert Premium Amount]

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

Thank you for choosing us for your automobile insurance needs.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Phone Number]