

Insurance Special Condition Advisory

Date: [Insert Date]

To: [Insert Insured's Name]

Address: [Insert Insured's Address]

Policy Number: [Insert Policy Number]

Dear [Insert Insured's Name],

We are writing to inform you of certain special conditions related to your insurance policy, effective as of [Insert Effective Date]. Please review the following conditions carefully:

- [Special Condition 1]
- [Special Condition 2]
- [Special Condition 3]

It is important that you comply with these conditions to ensure continued coverage under your policy. Failure to adhere to these conditions may result in limitations or exclusions in your coverage.

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

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Contact Information]