

Insurance Special Condition Alert

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Insurer Name: [Insert Insurer Name]

Dear [Policyholder Name],

We are writing to inform you of special conditions that have been applied to your insurance policy (Policy Number: [Insert Policy Number]). It is important that you review these conditions carefully, as they may impact your coverage.

Special Conditions:

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

Please ensure that you comply with these conditions to maintain the validity of your policy. If you have any questions or require further clarification, feel free to contact our customer service team at [Insert Contact Information].

Thank you for choosing [Insurer Name]. We value your trust in us.

Sincerely,

[Your Name]

[Your Position]

[Insurer Name]

[Insurer Contact Information]