

Auto Insurance Continuation Notice

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Insured Name: [Insert Policyholder Name]
Address: [Insert Policyholder Address]

Dear Policyholder,

This notice serves to inform you that your current auto insurance policy is due for continuation. Please review the summary below regarding your coverage and the upcoming policy period.

Policy Details

Vehicle(s) Insured	Coverage Type	Period of Coverage	Premium
[Year, Make, Model]	[Liability, Comprehensive, Collision, etc.]	[Start Date] - [End Date]	[Premium Amount]

Important Information

Your auto insurance is scheduled to renew automatically on **[Renewal Date]**. If you wish to make changes, or if you do not intend to renew, please contact our office prior to the renewal date.

If there have been updates to your driving record, vehicle information, or personal details, please notify us immediately to ensure accurate coverage.

Payment Instructions

- Total Amount Due: **[Total Due]**
- Due Date: **[Due Date]**
- Payment Method: [Payment Instructions or link]

Sincerely,
[Insurance Company Name]
[Contact Phone or Email]

Notice: This is a sample document provided for illustration purposes only. Please consult your insurance provider for official documentation and coverage details.