

AUTO POLICY RENEWAL NOTICE

Policyholder: [Full Name]
Address: [Street Address]
[City, State, ZIP Code]
Policy Number: [Policy Number]
Renewal Effective Date: [MM/DD/YYYY]
Renewal Expiry Date: [MM/DD/YYYY]

Dear Policyholder,

This is a notice for the renewal of your auto insurance policy. Please review the details below. If you wish to renew, no action is needed unless there are updates or changes. If you do not wish to continue, contact us before the renewal effective date.

Policy Details

Vehicle	Year	Make / Model	VIN
[Plate #]	[Year]	[Make / Model]	[VIN]

Coverages & Limits:

- Liability: [Limit]
- Comprehensive: [Limit]
- Collision: [Limit]

Premium: [Total Premium Amount]

Payment Due By: [MM/DD/YYYY]

If you have questions or need to update your information, please contact your agent or our customer service.

Thank you for choosing [Insurance Company Name].