

Corporate Auto Fleet Insurance Renewal Notice

Insurance Company Name

Address Line 1

Address Line 2

Phone: (XXX) XXX-XXXX

Email: info@insurancecompany.com

Client Name / Company: _____

Policy Number: _____

Contact Person: _____

Email: _____

Phone: _____

Renewal Notice

Dear Sir/Madam,

This is a formal notice that your Corporate Auto Fleet Insurance policy is due for renewal. Please review the details below and contact us if any updates are required.

Policy Information

Policy Number	_____
Effective Date	_____
Renewal Date	_____
Expiry Date	_____
Total Vehicles	_____
Premium Amount	_____

Vehicle Schedule

#	Vehicle Make/Model	Registration No.	Year	Sum Insured
1	_____	_____	_____	_____
2	_____	_____	_____	_____

Instructions

- Please verify the above information and advise of any changes.
- Kindly ensure payment of renewal premium before the expiry date to avoid lapse of cover.
- Contact your account manager for questions or updates.

Note: This notice is system-generated and does not require a signature. For official use only.

Authorized Signatory

Date: _____