

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

**Subject: Summary of Commercial General Liability (CGL) Coverage - [Policy Number]**

Dear [Client Name],

Thank you for choosing [Agency Name] for your business insurance needs. Below is a summary of your new Commercial General Liability coverage and the required next steps to finalize your file.

### **Coverage Summary**

- **Carrier:** [Insurance Company Name]
- **Policy Period:** [Start Date] to [End Date]
- **General Aggregate Limit:** \$[Amount]
- **Products/Completed Operations Aggregate:** \$[Amount]
- **Each Occurrence Limit:** \$[Amount]
- **Personal & Advertising Injury:** \$[Amount]
- **Deductible:** \$[Amount]

### **Pending Next Steps**

To ensure your coverage remains active and compliant, please complete the following:

1. **Sign Documents:** Please sign and return the enclosed application and/or warranty statements by [Date].
2. **Payment:** Ensure the initial premium payment of \$[Amount] is processed via [Payment Method].
3. **Provide Documentation:** Send copies of [e.g., prior loss runs / subcontractor agreements] as requested by the underwriter.

Your formal policy documents will be delivered via [Email/Mail] within [Number] business days. Please review the full policy language, as exclusions and conditions apply.

If you have any questions or need to issue a Certificate of Insurance (COI), please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]

[Title]

[Agency Name]