

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Welcome - Summary of Your Professional Liability Coverage

Dear [Client Name],

Welcome to [Agency/Company Name]. We are pleased to confirm that your Professional Liability insurance coverage is now active. This policy is designed to protect your professional interests and provide peace of mind as you conduct your business.

Coverage Summary:

- **Policy Number:** [Policy Number]
- **Carrier:** [Insurance Carrier Name]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Limit of Liability:** \$[Amount] per claim / \$[Amount] aggregate
- **Deductible:** \$[Amount] per claim

Next Steps:

1. **Review Your Documents:** Please review the attached policy declarations page and verify that all information is correct.
2. **Proof of Coverage:** Attached is your Certificate of Insurance (COI). You may share this with clients or contractors who require proof of your professional coverage.
3. **Reporting a Claim:** If you become aware of a potential claim or a circumstance that may lead to a claim, please notify us immediately at [Phone Number] or [Email Address].

All your policy documents are also available for download through our client portal at [URL].

Thank you for choosing [Agency/Company Name]. If you have any questions regarding your coverage or need to make adjustments to your policy, please do not hesitate to contact me directly.

Sincerely,

[Agent Name]

[Title]

[Agency Name]

[Phone Number]

[Email Address]