

[Current Date]

[Recipient Name]

[Recipient Title/Department]

[Company Name]

[Street Address]

[City, State, Zip Code]

Subject: Evidence of Insurance Coverage - Policy Renewal [Year]

Dear [Recipient Name],

Please find attached the updated Certificate of Insurance (COI) for [Your Company Name] regarding the upcoming policy period. This document serves as formal proof of our annual insurance renewal.

The attached certificate confirms that we have maintained the required coverage levels, including:

- General Liability
- Professional Liability
- Workers' Compensation
- [Additional Policy Type, if applicable]

These policies are effective from [Start Date] through [End Date]. We have ensured that [Recipient Company Name] is listed as [Additional Insured/Certificate Holder] as per our contractual agreement.

Please update your records accordingly. Should you require any further documentation or have questions regarding our coverage, please contact [Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Company Name]