

[Your Name/Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email]

[Date]

[Recipient Name]  
[Recipient Title/Department]  
[Recipient Company Name]  
[Recipient Address]  
[City, State, Zip Code]

**RE: Proof of Professional Liability Insurance - [Policy Number]**

Dear [Recipient Name],

Please find attached the Certificate of Insurance (COI) providing formal proof of professional liability coverage for [Your Name/Company Name].

As requested for [Contract Name/Project Reference], this document confirms that we maintain active coverage with the following details:

- **Insurance Provider:** [Name of Insurance Company]
- **Policy Type:** Professional Liability / Errors and Omissions
- **Coverage Limit:** [Amount, e.g., \$1,000,000] per claim / [Amount] aggregate
- **Policy Period:** [Start Date] to [End Date]

This policy meets the insurance requirements specified in our agreement. Should there be any changes to our coverage status or if you require additional endorsements, please notify us immediately.

If you have any questions or require further documentation, please contact me directly at [Your Phone Number] or [Your Email].

Sincerely,

[Your Signature]

[Your Printed Name]  
[Your Title]

Enclosure: Certificate of Liability Insurance