[Date]

[Recipient Name]
[Recipient Company]
[Recipient Address]
[City, State, Zip Code]

RE: Evidence of Commercial General Liability Insurance

To Whom It May Concern,

This letter serves to confirm the status of the Commercial General Liability (CGL) insurance coverage for:

Insured Name: [Your Company Name]
Policy Number: [Policy Number]
Insurance Carrier: [Insurance Company Name]
Effective Date: [Start Date]
Expiration Date: [End Date]

The current limits of liability under this policy are as follows:

- Each Occurrence: $[Amount]
- General Aggregate: $[Amount]
- Products/Completed Operations Aggregate: $[Amount]
- Personal & Advertising Injury: $[Amount]

We confirm that the policy is currently in force and all premiums have been paid to date. There are no pending notices of cancellation or non-renewal at this time.

If you require a formal Certificate of Insurance (COI) or have any questions regarding this coverage, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Your Name]
[Your Title]
[Company Name]