[Date]

[Insurance Broker/Agent Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Verification of Errors and Omissions (E&O) Insurance Coverage

To Whom It May Concern,

Please provide a Certificate of Insurance (COI) or formal verification of Errors and Omissions (E&O) liability coverage for the following policyholder:

Policyholder Name: [Full Legal Name of Business/Individual]
Policy Number: [Policy Number, if known]
Requesting Entity: [Your Name or Organization Name]

The verification should include the following details:

- Policy effective date and expiration date
- Limit of liability per claim
- Aggregate limit of liability
- Deductible or retention amount
- Retroactive date (if applicable)

Please deliver the requested documentation via email to [Email Address] or via mail to the address listed below. If there are any fees associated with this request or if additional authorization is required, please notify us immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Your Phone Number]
[Your Mailing Address]