[Date]

[Carrier or Compliance Department Name]
[Address Line 1]
[City, State, Zip Code]

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

Dear [Contact Name or Department],

As required by our agency agreement, please find the updated verification of Errors and Omissions insurance coverage for [Agency Name].

The details of our current policy are as follows:

- **Insurance Carrier:** [Carrier Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Limit per Claim:** $[Amount]
- **Aggregate Limit:** $[Amount]

I have attached a copy of the Certificate of Insurance (COI) for your records. This policy meets or exceeds the minimum coverage requirements specified in our contract.

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

Sincerely,

[Signature]
[Typed Name]
[Title]
[Agency Name]

Enclosure: Certificate of Liability Insurance