[Date]

[Carrier Name]
[Carrier Address]
[City, State, Zip Code]

Re: Evidence of Agency Errors and Omissions (E&O) Coverage

To Whom It May Concern,

In accordance with our Agency Appointment Agreement, please find this formal request to update our records regarding our Professional Liability (Errors and Omissions) coverage.

Please provide a current Certificate of Insurance or a copy of the Declarations Page for our agency's policy. Please ensure the document includes the following details:

- Carrier Name
- Policy Number
- Effective and Expiration Dates
- Limits of Liability (Per Claim and Aggregate)
- Deductible/Retention Amount

This information is required to maintain our active status and compliance with your company's appointment requirements.

Please send the requested documentation to [Email Address] or mail it to the address listed below.

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Principal/Agent]
[Agency Name]
[Agency Address]
[Phone Number]