Date: [Insert Date]

To: [Insert Principal Broker/Compliance Department Name]
Company: [Insert Company Name]
Address: [Insert Address]

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

Dear [Insert Name],

This letter serves to formally verify the Errors and Omissions (E&O) insurance coverage for the following Sub-Broker:

Sub-Broker Name: [Insert Full Name]
License Number: [Insert License Number]
Agency/Firm: [Insert Agency Name]

The details of the active policy are as follows:

- **Insurance Carrier:** [Insert Carrier Name]
- **Policy Number:** [Insert Policy Number]
- **Policy Period:** [Start Date] to [End Date]
- **Limit per Claim:** $[Insert Amount]
- **Aggregate Limit:** $[Insert Amount]
- **Deductible:** $[Insert Amount]

We confirm that the policy is currently in full force and effect. This coverage meets the minimum requirements set forth in the sub-brokerage agreement dated [Insert Agreement Date].

Attached to this letter is a Certificate of Insurance (COI) providing further details. We undertake to notify you immediately should there be any material change, cancellation, or non-renewal of this policy prior to the expiration date.

If you require any additional information, please contact [Insert Contact Name] at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company/Agency Name]