[Company Letterhead / Logo Area]

[Date]
[Recipient Name / Department]
[Company Name]
[Address Line 1]
[Address Line 2]

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

To the Compliance Department,

This letter serves as formal verification that [Professional/Entity Name] maintains professional liability insurance, specifically Errors and Omissions (E&O) coverage, as required by our professional agreement and regulatory standards.

The details of the current policy are as follows:

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

We confirm that the policy is currently in good standing and covers [description of services provided, e.g., financial consulting, real estate, IT services].

Attached to this letter is a Certificate of Insurance (COI) providing further detail of the coverage. Please update your compliance records accordingly. We will notify your department immediately should there be any material changes to, or cancellation of, this coverage.

If you require additional documentation or have any questions, please contact [Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]