[Date]

[Insurance Carrier Name]
[Address Line 1]
[City, State, Zip Code]

RE: Errors and Omissions (E&O) Coverage Renewal Verification
Policy Number: [Policy Number]
Insured Name: [Your Name/Company Name]

Dear Underwriting Department,

Our records indicate that the Errors and Omissions (E&O) liability insurance policy referenced above expired on [Expiration Date].

We are requesting immediate verification regarding the status of this coverage. Please provide one of the following:

- A copy of the renewed Certificate of Insurance showing the new expiration date.
- A formal declaration page confirming the policy period has been extended.
- A written notification if the policy has been canceled or non-renewed.

Continuous E&O coverage is a mandatory requirement for our professional standing and contractual obligations. Please forward the requested documentation to [Email Address] or fax it to [Fax Number] at your earliest convenience.

If the renewal process is currently pending, please provide an estimated date for the issuance of the updated documents.

Thank you for your prompt attention to this matter.

Sincerely,

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