[Date]

[Wholesale Broker Name]
[Broker Address]
[City, State, Zip Code]

Subject: Request for Verification of Errors and Omissions (E&O) Insurance

Dear [Contact Name/Licensing Department],

In accordance with our brokerage agreement and compliance requirements, we are requesting a current copy of your Errors and Omissions (E&O) Insurance Certificate.

Please ensure the certificate includes the following details:

- Carrier Name
- Policy Number
- Policy Effective and Expiration Dates
- Limits of Liability (per claim and aggregate)
- Deductible amount

Please forward the updated certificate to [Email Address] or upload it via our portal at [URL] by [Due Date].

If your policy is due to expire within the next 30 days, please provide a renewal binder as soon as it becomes available to avoid any interruption in our business relationship.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Company Name]
[Phone Number]