[Date]

[Recipient Name]
[Recipient Title/Department]
[Regulatory Body or Organization Name]
[Street Address]
[City, State, Zip Code]

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

To Whom It May Concern,

This letter serves to formally verify that [Entity/Individual Name] maintains professional Errors and Omissions (E&O) liability insurance, which includes coverage for regulatory audits and related legal proceedings.

The specific details of the policy are as follows:

- **Insurance Carrier:** [Name of Insurance Company]
- **Policy Number:** [Policy Number]
- **Policy Period:** [Start Date] to [End Date]
- **Limits of Liability:** $[Amount] per claim / $[Amount] aggregate
- **Deductible/Retention:** $[Amount]

The scope of this policy provides coverage for professional acts, errors, or omissions arising from [describe business activities]. Furthermore, it includes specific provisions for defense costs and penalties associated with regulatory audits and inquiries as required by [Name of Governing Act or Regulation, if applicable].

This coverage is currently in full force and effect. We undertake to notify you should there be any material change to, or cancellation of, this policy prior to the expiration date listed above.

Please contact our office at [Phone Number] or [Email Address] should you require a formal Certificate of Insurance or additional documentation.

Sincerely,

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