

Date: [Insert Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

Re: Notice of Coverage Extension - Comprehensive Business Shield

Policy Number: [Insert Policy Number]

Current Expiration Date: [Insert Original Expiration Date]

New Extended Expiration Date: [Insert New Expiration Date]

Dear [Insert Policyholder Name/Valued Client],

This letter serves as formal notification that the Commercial Umbrella Liability coverage under your "Comprehensive Business Shield" policy has been officially extended. This extension ensures that your business maintains continuous protection against catastrophic loss and excess liability claims beyond your primary policy limits.

Extension Details:

- **Extension Period:** Effective from [Start Date] to [End Date].
- **Coverage Limit:** [Insert Dollar Amount] in aggregate excess coverage.
- **Premium Adjustment:** The additional premium for this extension period is [Insert Amount], due by [Insert Due Date].

All other terms, conditions, and exclusions of the original policy remain in full force and effect. This extension is intended to bridge the gap until your full policy renewal is processed or to align with your updated business fiscal cycle.

Please keep a copy of this letter with your original policy documents for your records. If you have any questions regarding your umbrella limits or the scope of this extension, please contact your account representative at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Insert Insurance Company Name] for your commercial protection needs.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company/Agency Name]