[Date]

[Provider Name]
[Facility/Practice Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Offer to Extend Cyber Liability Insurance Coverage

Dear [Provider Name],

As the healthcare industry continues to face an evolving landscape of digital threats, protecting your practice against data breaches and cyber-attacks is more critical than ever. We are pleased to offer you an extension of your current Cyber Liability Insurance coverage.

Extension Period: [Start Date] to [End Date]
Revised Policy Number: [Policy Number]
Additional Premium: $[Amount]

This extension ensures uninterrupted protection for:

- Patient data breach notification costs
- Regulatory fines and penalties (HIPAA)
- Cyber extortion and ransomware demands
- Legal defense and forensic investigation fees

To accept this offer and maintain your coverage without a lapse, please sign the attached endorsement form and return it to our office by [Deadline Date]. Payment can be made via your usual billing method.

If you have any questions regarding your limits or specific coverage details, please contact your account manager at [Phone Number] or [Email Address].

Sincerely,

[Your Name]
[Title]
[Insurance Company Name]