

[Date]

[Insured Name]
[Company Name]
[Mailing Address]
[City, State, Zip Code]

Re: Commercial General Liability Policy Enclosed

Policy Number: [Policy Number]

Policy Period: [Start Date] to [End Date]

Dear [Insured Name],

Thank you for choosing [Insurance Agency/Company Name] for your commercial insurance needs. We are pleased to enclose your Commercial General Liability policy documents for the upcoming term.

Please review the enclosed documents carefully, paying close attention to the following sections:

- **Declarations Page:** Outlines your limits of liability and premium details.
- **Schedule of Forms:** Lists all endorsements and exclusions included in your policy.
- **Policy Conditions:** Details your responsibilities in the event of a claim.

We recommend storing these documents in a secure location. If you identify any errors or require adjustments to your coverage limits, please contact our office immediately.

We value your business and look forward to serving you. If you have any questions regarding your coverage, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Agent Name/Signature]
[Title]
[Agency Name]

Enclosure: Policy Documents