

[Date]

[Policyholder Name]

[Business Name]

[Street Address]

[City, State, Zip Code]

RE: Commercial Insurance Coverage Limits Breakdown

Policy Number: [Policy Number]

Effective Dates: [Start Date] to [End Date]

Dear [Client Name],

As requested, below is a detailed breakdown of your current commercial business insurance coverage limits and sub-limits. Please review these figures to ensure they align with your current business valuation and risk requirements.

General Liability

- **Each Occurrence:** \$[Amount]
- **General Aggregate:** \$[Amount]
- **Products/Completed Operations Aggregate:** \$[Amount]
- **Personal & Advertising Injury:** \$[Amount]
- **Damage to Premises Rented to You:** \$[Amount]
- **Medical Expense (Any One Person):** \$[Amount]

Commercial Property

- **Building(s):** \$[Amount]
- **Business Personal Property:** \$[Amount]
- **Business Income & Extra Expense:** \$[Amount] / [Number of Months]
- **Deductible:** \$[Amount]

Professional / Cyber Liability

- **Professional Liability (E&O) Limit:** \$[Amount]
- **Cyber Security / Data Breach Limit:** \$[Amount]
- **Retention/Deductible:** \$[Amount]

Commercial Auto (If Applicable)

- **Combined Single Limit (CSL):** \$[Amount]
- **Hired & Non-Owned Auto:** \$[Amount]

Umbrella / Excess Liability

- **Each Occurrence:** \$[Amount]
- **Aggregate Limit:** \$[Amount]

This document is a summary for informational purposes only. For specific terms, conditions, and exclusions, please refer to your full policy document.

If you would like to request a change to these limits, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Agency Name]
[Contact Information]