

[Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

RE: New Commercial Inland Marine Policy

Policy Number: [Policy Number]

Effective Date: [Date]

Dear [Insured Name],

Thank you for choosing [Insurance Company Name] for your Commercial Inland Marine insurance needs. We are pleased to welcome you as a policyholder.

Your policy is designed to provide specialized coverage for your business property, equipment, and assets while they are in transit, stored away from your main premises, or utilized at various job sites. Please find your policy documents and identification cards enclosed with this letter.

We encourage you to review the "Schedule of Equipment" and "Declarations Page" to ensure all listed values and descriptions are accurate. Should you acquire new equipment or change your business operations, please notify your agent immediately to ensure continuous coverage.

Key Contact Information:

- **Your Agent:** [Agent Name] at [Phone Number]
- **Claims Reporting:** [Phone Number] or [Email/Website]
- **Customer Service:** [Phone Number]

If you have any questions regarding your coverage or need to make adjustments to your policy, please contact your insurance agent listed above.

We value your business and look forward to serving you.

Sincerely,

[Name/Department]
[Insurance Company Name]