

[Date]

[Client Name]

[Business Name]

[Street Address]

[City, State, Zip Code]

RE: General Liability Policy Number: [Policy Number]

Dear [Client Name],

Thank you for choosing [Agency/Company Name] for your small business insurance needs. We are pleased to provide your General Liability insurance policy for the upcoming term.

Enclosed/Attached you will find your official policy documents, including your Dec Page and Certificate of Insurance. Please review these documents carefully to ensure all business information and coverage limits are accurate.

Policy Details:

- **Carrier:** [Insurance Carrier Name]
- **Policy Period:** [Start Date] to [End Date]
- **Total Premium:** \$[Amount]

This policy provides essential protection for your business against claims of bodily injury or property damage. Should your business operations change, or if you hire additional employees, please notify us immediately so we can adjust your coverage accordingly.

If you have any questions or need to report a claim, please contact our office at [Phone Number] or via email at [Email Address].

We appreciate your business and look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]