[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]

Subject: Important Information Regarding Your Personal Umbrella Policy

Dear [Insured Name],

Thank you for choosing [Insurance Company Name] for your personal liability protection. We are pleased to inform you that your Personal Umbrella Policy is now available for review.

Policy Number: [Policy Number]
Policy Period: [Effective Date] to [Expiration Date]

How to Access Your Documents:

Your policy documents have been delivered electronically through our secure client portal. To view, download, or print your policy, please follow these steps:

- Visit our portal at: [Link to Portal]
- Log in using your username and password.
- If you are a first-time user, click "Register" and use your Policy Number listed above to create an account.
- Navigate to the "Documents" or "Policy Details" section.

What is Included in the Portal:

- Your Policy Declarations Page
- Policy Forms and Endorsements
- Billing Statements and Payment Options
- Proof of Coverage

We encourage you to review your coverage carefully to ensure it meets your needs. If you have any questions regarding your umbrella coverage or need assistance accessing the portal, please contact your agent at [Agent Phone Number] or email us at [Support Email Address].

Thank you for your business.

Sincerely,

[Name/Department]
[Insurance Company Name]