[Date]

[Insured Name]
[Attention: Contact Name]
[Mailing Address]
[City, State, Zip Code]

RE: New Business Policy Delivery

Policy Type: Commercial General Liability
Policy Number: [Policy Number]
Effective Date: [Effective Date]
Carrier: [Insurance Company Name]

Dear [Name of Contact],

Thank you for choosing [Agency/Company Name] for your business insurance needs. We are pleased to provide you with your new Commercial General Liability policy.

Please find the following documents enclosed for your records:

- Policy Declaration Page
- Schedule of Forms and Endorsements
- Certificate of Insurance
- Premium Invoice (if applicable)

We recommend that you review these documents carefully to ensure that the limits, coverages, and named insured information are correct. It is important to keep this policy in a safe place, as it contains vital information regarding your coverage and the procedure for reporting a claim.

Should your business operations change, or if you have any questions regarding your coverage, please contact us immediately at [Phone Number] or [Email Address].

We appreciate your business and look forward to serving you.

Sincerely,

[Agent Name]
[Title]
[Agency Name]