[Date]

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

RE: Delivery of Revised Commercial General Liability Policy
Policy Number: [Policy Number]
Effective Date: [Effective Date]

Dear [Contact Name],

Enclosed please find your revised Commercial General Liability (CGL) insurance policy. This document replaces the previous version sent to you on [Original Delivery Date].

The policy has been revised to reflect the following changes:

- [Brief description of change, e.g., Updated Limit of Liability]
- [Brief description of change, e.g., Addition of Additional Insured]
- [Brief description of change, e.g., Correction of Physical Address]

Please review the enclosed documents carefully to ensure all information is accurate and meets your business requirements. We recommend that you discard any previous copies of the policy to avoid confusion and replace them with this revised version in your permanent records.

All other terms, conditions, and exclusions of the policy remain unchanged. If you have any questions regarding these revisions or your coverage in general, please contact our office at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Agency/Company Name] for your commercial insurance needs.

Sincerely,

[Name]
[Title]
[Agency/Company Name]

Enclosure: Revised Policy Package