[Date]

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

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

Dear [Client Contact Name],

Enclosed please find your replacement Commercial General Liability (CGL) policy, issued by [Insurance Carrier Name].

This policy replaces your previous policy, number [Old Policy Number], effective [Date]. Please review the enclosed documents carefully to ensure all coverage limits, endorsements, and named insured information are correct and meet your business requirements.

Important Actions:

- Review the Declarations Page for accuracy.
- Securely file this document with your permanent business records.
- Destroy or mark the previous policy as "Superceded."

If you have any questions regarding your coverage or if there are changes in your business operations that may require a policy adjustment, please contact me directly at [Phone Number] or [Email Address].

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

Sincerely,

[Agent Name]
[Agent Title]
[Agency Name]

Enclosure: Replacement Policy Packet