[Date]

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

Re: Delivery of Extended Commercial General Liability Policy
Policy Number: [Policy Number]
Effective Date: [Start Date] to [End Date]

Dear [Client Name],

Thank you for choosing [Agency Name] for your insurance needs. We are pleased to provide your Extended Commercial General Liability policy documentation.

Please review the enclosed documents carefully. This extended policy provides coverage for:

- Bodily Injury and Property Damage
- Personal and Advertising Injury
- Products and Completed Operations
- [Additional Extension/Endorsement Name]
- [Additional Extension/Endorsement Name]

It is important to ensure that all information, including business names, addresses, and coverage limits, is accurate. Please pay close attention to the exclusions and conditions sections to understand the scope of your protection.

Your proof of insurance (Certificate of Insurance) is included in this package. If you require additional certificates for landlords, vendors, or contractors, please contact our office.

In the event of a claim or a potential incident, please notify us immediately at [Phone Number] or [Email Address] to ensure timely processing.

We value your business and look forward to serving you. If you have any questions regarding your coverage, please do not hesitate to reach out.

Sincerely,

[Agent Name]
[Title]
[Agency Name]