[Date]

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

Re: Short Term Commercial General Liability Policy

Dear [Insured Name],

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

Policy Details:

- **Policy Number:** [Policy Number]
- **Carrier:** [Insurance Carrier Name]
- **Effective Date:** [Start Date and Time]
- **Expiration Date:** [End Date and Time]
- **Event/Project Name:** [Description of Activity]

Enclosed/Attached you will find the following documents:

- Declarations Page (Summary of coverage and limits)
- Certificate of Insurance
- Policy Forms and Endorsements
- Premium Invoice/Receipt

Please review these documents carefully to ensure all information is correct and that the coverage limits meet your specific requirements. As this is a short-term policy, coverage will automatically terminate on the expiration date listed above unless a formal extension is requested and approved in writing.

If you have any questions or require any changes to your policy, please contact us immediately at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]