[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Excess Commercial General Liability Policy Delivery

Policy Number: [Policy Number]
Policy Period: [Effective Date] to [Expiration Date]
Carrier: [Insurance Company Name]

Dear [Name of Insured or Contact Person],

Enclosed please find the original policy documents for your Excess Commercial General Liability coverage for the upcoming term. This policy is designed to provide additional limits over your primary underlying liability insurance.

We recommend that you review these documents carefully to ensure the limits, terms, and conditions align with your requirements. Please pay particular attention to the "Schedule of Underlying Insurance" to confirm that all primary policies are correctly identified.

Key details of your coverage include:

- Excess Limit: $[Amount] per Occurrence
- Aggregate Limit: $[Amount]
- Underlying Retention: [Amount or "Follow Form"]

Please keep this policy in a safe place along with your primary insurance records. If you identify any errors or have questions regarding the scope of this coverage, please contact our office immediately.

Thank you for allowing us to service your insurance needs.

Sincerely,

[Agent/Broker Name]
[Agency Name]
[Phone Number]
[Email Address]

Enclosure: Policy [Policy Number]