[Sender's Name]
[Sender's Company Name]
[Sender's Address]
[City, State, Zip Code]
[Date]

[Recipient's Name]
[Recipient's Company Name]
[Recipient's Address]
[City, State, Zip Code]

RE: Delivery of Commercial General Liability Policy - Policy Number: [Policy Number]

Dear [Recipient Name],

We are pleased to enclose your formal Commercial General Liability (CGL) insurance policy. This policy provides coverage for your business operations effective from [Start Date] to [End Date].

Your policy includes coverage for the following key areas:

- Bodily Injury and Property Damage
- Personal and Advertising Injury
- Medical Payments
- Products and Completed Operations

Please review the enclosed Declarations Page to verify that your business name, address, and coverage limits are correct. We recommend that you pay close attention to any "Exclusions" or "Endorsements" sections, as these define specific limitations of your coverage.

Please keep this document in a secure location. If you are required to provide proof of insurance to third parties or landlords, please contact our office, and we will issue a Certificate of Insurance (COI) immediately.

In the event of a claim or a potential incident, please notify us as soon as possible at [Claims Phone Number] or [Claims Email Address].

Thank you for choosing [Agency/Company Name] for your commercial insurance needs. If you have any questions regarding your coverage, please contact me directly at [Your Phone Number].

Sincerely,

[Your Name]
[Your Title]

Enclosure: Commercial General Liability Policy