

[Your Name/Agency Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: Comprehensive Personal Umbrella Liability Policy**  
**Policy Number: [Policy Number]**

Dear [Client Name],

Enclosed please find your new Comprehensive Personal Umbrella Liability Policy documents. This policy provides an extra layer of liability protection over your existing primary policies, such as your homeowners and automobile insurance.

Please review the enclosed Declarations Page to ensure that the liability limits, named insureds, and underlying policy information are correct. It is important to remember that this umbrella policy requires you to maintain specific minimum limits on your primary insurance policies at all times.

Key highlights of your coverage include:

- Excess liability coverage of \$[Limit Amount]
- Protection against major claims and lawsuits
- Coverage for legal defense costs

We recommend storing these documents in a safe place. If you have any questions regarding the terms of your coverage or if you need to report any changes to your underlying insurance policies, please contact our office immediately.

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

Sincerely,

[Agent Name]  
[Title]

Enclosures: [Policy Documents, Summary of Coverage]