

[Date]

[Insured Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Extended Coverage Personal Umbrella Liability Policy**

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Insured Name],

Thank you for choosing [Insurance Company Name] for your personal liability needs. We are pleased to provide you with your Extended Coverage Personal Umbrella Liability Policy.

This policy is designed to provide an extra layer of protection over your primary insurance limits, such as your homeowners, automobile, and watercraft policies. In today's litigious environment, this coverage offers vital financial security against significant liability claims and lawsuits.

Enclosed in this package, you will find:

- The Declarations Page (Summary of coverages and limits)
- The Policy Form and Endorsements
- Premium Billing Statement

Please review these documents carefully to ensure all information is correct and that the underlying insurance requirements are met. It is essential that you maintain the required underlying limit amounts to ensure your umbrella coverage remains valid.

If you have any questions regarding your coverage or need to report a change in your underlying policies, please contact your agent, [Agent Name], at [Agent Phone Number].

We appreciate your business and the opportunity to protect your assets.

Sincerely,

[Underwriter Name/Signature]

[Title]

[Insurance Company Name]