

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

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

Re: Supplemental Personal Umbrella Liability Policy  
Policy Number: [Policy Number]  
Effective Date: [Start Date]

Dear [Recipient's Name],

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

Please review the enclosed Declarations Page and Policy Booklet carefully to ensure that all information, including coverage limits and underlying policy requirements, is correct. It is essential that you maintain the required minimum liability limits on your primary policies to avoid any gaps in coverage.

We recommend storing these documents in a safe place along with your other insurance records. If you have any questions regarding your coverage or if there are changes to your underlying policies, please contact our office at [Phone Number] or [Email Address].

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

Sincerely,

[Sender's Signature]  
[Sender's Printed Name]  
[Sender's Title]

Enclosures:  
- Policy Declarations Page  
- Policy Terms and Conditions  
- Premium Invoice (if applicable)