

Date: [Insert Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: IMPORTANT: Your Personal Umbrella Liability Policy Documents

Dear [Policyholder Name],

Enclosed you will find the legal documents for your Personal Umbrella Liability Policy, number [Policy Number]. This policy provides an extra layer of liability protection over and above your standard homeowners and automobile insurance limits.

Please review these documents carefully to ensure all information is correct. Specifically, please verify:

- The total limit of liability coverage.
- The effective and expiration dates of the policy.
- The list of underlying policies (Auto, Home, Watercraft, etc.) required to maintain this coverage.

It is critical that you maintain the required underlying insurance limits as specified in this policy. Failure to do so may result in a gap in your coverage.

We recommend storing these documents in a secure place with your other permanent records. If you have any questions regarding your coverage or need to make updates to your policy, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Agency/Company Name] for your protection needs.

Sincerely,

[Agent Name/Signature]

[Company Name]