

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: General Liability Policy Number: [Policy Number]

Dear [Insured Name],

Enclosed please find your General Liability insurance policy for the current term. We appreciate your business and the opportunity to service your insurance needs.

Upon reviewing our files, we noticed that we are missing your signature on the following document(s):

- [Document Name 1, e.g., Statement of No Loss]
- [Document Name 2, e.g., TRIA Disclosure]
- [Document Name 3, e.g., Application Supplement]

Please review, sign, and date the highlighted sections where indicated. You may return the signed documents to our office via mail, email, or fax at your earliest convenience.

Please note that your signature is required to ensure your coverage remains in good standing and to comply with underwriting requirements.

If you have any questions regarding your policy or the required documents, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Agency Name]

Enclosures