

[Date]

[Client Name]
[Business Name]
[Address Line 1]
[Address Line 2]

RE: Delivery of Business Owners Policy (BOP) - [Policy Number]

Dear [Client Name],

Enclosed please find your Business Owners Policy (BOP) documents for the upcoming term. We recommend that you review these documents carefully and keep them in a secure location for your records.

Our records indicate that we are still missing the signed **Policy Acknowledgment Form** required to complete your file. This signature is necessary to confirm your acceptance of the terms, conditions, and any applicable exclusions outlined in the policy.

Action Required:

- Please sign and date the enclosed Acknowledgment Form.
- Return the signed copy to our office by [Date] via email at [Email Address] or using the enclosed prepaid envelope.

Failure to return the signed acknowledgment may result in a lapse in coverage or administrative issues with your carrier. If you have already sent this document, please disregard this notice.

Thank you for choosing [Agency Name] for your business insurance needs. If you have any questions regarding your coverage, please contact us at [Phone Number].

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]