

[Date]

[Client Name]

[Client Address]

[City, State, Zip]

RE: Professional Liability Policy Number: [Policy Number]

Dear [Client Name],

Thank you for choosing [Agency/Company Name] for your professional liability insurance needs. We are pleased to enclose your policy documents for the upcoming term.

Please review the enclosed documents carefully to ensure all coverage limits and details are correct. While your coverage is currently bound, our records indicate that the following items are still required to finalize your file:

- **Signed Application:** Page(s) [Page Numbers] require a signature and date.
- **[Optional: Additional Missing Document]**

Please sign and return the marked pages by [Due Date] to ensure there is no lapse or interruption in your coverage. You may return these documents via email to [Email Address] or by mail using the information provided below.

If you have any questions regarding your policy or the required signatures, please contact me directly at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Agency Name]