[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Subject: Delivery of Personal Umbrella Liability Policy - [Policy Number]

Dear [Client Name],

Enclosed please find your Personal Umbrella Liability insurance policy. We are pleased to confirm that this policy is **Paid-in-Full** for the current term spanning from [Start Date] to [End Date].

This policy provides an important extra layer of liability protection over your primary automobile and homeowners insurance. Please review the enclosed declarations page to verify that the underlying coverage limits meet the requirements specified by the umbrella carrier.

Please sign the "Receipt of Policy" section below and return one copy to our office for our records. You may keep the original policy documents for your files.

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

Sincerely,

[Agent Name]
[Agency Name]

Receipt of Policy

I, [Client Name], hereby acknowledge the receipt of my Personal Umbrella Liability Policy, number [Policy Number]. I confirm that I have been advised of the policy terms and the requirement to maintain specific underlying insurance limits.

_____
Insured Signature

_____
Date