

[Date]

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

RE: Delivery of Professional Liability Specialty Coverage Policy

Policy Number: [Policy Number]

Effective Date: [Start Date]

Dear [Insured Name],

We are pleased to provide you with your Professional Liability Specialty Coverage policy. Please review the enclosed documents carefully to ensure all information is accurate and meets your requirements.

We wish to bring special attention to the **Intentional Acts Exclusion** contained within this policy. This provision specifies that coverage does not extend to any claim, loss, or liability arising out of dishonest, fraudulent, criminal, or malicious acts or omissions committed intentionally by the insured.

By accepting this policy, you acknowledge that you have read and understand this exclusion. It is vital to recognize that professional liability protection is designed for errors, omissions, and negligence in the rendering of professional services, and not for willful misconduct.

Please sign the acknowledgement section below and return a copy to our office for our records.

Sincerely,

[Agent Name]
[Agency/Company Name]

Acknowledgement of Intentional Acts Exclusion

I, [Name of Authorized Representative], hereby acknowledge receipt of the Professional Liability Specialty Coverage policy listed above. I confirm that I have been notified of and understand the Intentional Acts Exclusion, which stipulates that intentional, criminal, or fraudulent acts are not covered under this policy.

Signature: _____

Date: _____