

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: Policy Delivery - Contractor Pollution Specialty Coverage

Policy Number: [Policy Number]

Effective Date: [Start Date]

Dear [Insured Name],

Thank you for choosing [Insurance Agency/Company Name] for your environmental insurance needs. Enclosed you will find your Contractor Pollution Specialty Coverage policy documents.

Please review these documents carefully to ensure all limits, deductibles, and covered operations are consistent with your request. This policy is designed to provide protection for pollution-related liabilities arising from your work; however, it is subject to specific terms and conditions.

Important Notice: Asbestos Exclusion

We wish to draw your direct attention to the **Asbestos Exclusion** contained within this policy. This coverage specifically excludes any claims, losses, or damages arising out of the inhalation, ingestion, or physical exposure to asbestos or asbestos-containing materials. If your operations involve the removal or handling of asbestos, additional specialized coverage is required.

Please sign and return the enclosed "Asbestos Exclusion Acknowledgement" form to confirm your understanding of this limitation. Your policy may be subject to cancellation or a lapse in coverage if this signed form is not returned by [Due Date].

If you have any questions regarding your coverage or the exclusion mentioned above, please contact our office at [Phone Number].

Sincerely,

[Agent Name]

[Title]

Asbestos Exclusion Acknowledgement

I, [Authorized Representative Name], acting on behalf of [Insured Name], hereby acknowledge that I have received the Contractor Pollution Specialty Coverage policy. I further acknowledge and understand that this policy **excludes** coverage for any claims or liabilities related to asbestos.

Signature: _____

Title: _____

Date: _____