

[Company Letterhead/Logo Area]

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Policy Delivery and Communicable Disease Exclusion Acknowledgement

Event Name: [Event Name]

Policy Number: [Policy Number]

Effective Dates: [Start Date] to [End Date]

Dear [Insured Name],

Thank you for choosing [Insurance Agency/Company Name] for your special event coverage. Enclosed you will find your Specialty Coverage Insurance Policy documents for the event referenced above.

Please review these documents carefully to ensure all information is correct and that you understand the limits, conditions, and exclusions of your coverage.

Important Notice: Communicable Disease Exclusion

We wish to specifically bring your attention to the **Communicable Disease Exclusion** included in your policy. This endorsement excludes coverage for any loss, liability, or expense arising directly or indirectly out of the transmission of a communicable disease. This includes, but is not limited to, illnesses such as COVID-19 and its variants.

By accepting this policy, you acknowledge that you have been informed of this exclusion and understand that claims related to communicable diseases will not be covered under this policy.

Action Required:

Please sign the acknowledgement section below and return a copy to our office at your earliest convenience. You may return it via email to [Email Address] or by mail using the enclosed envelope.

If you have any questions regarding your coverage or this exclusion, please contact us at [Phone Number].

Sincerely,

[Agent Name]
[Title]
[Agency Name]

Acknowledgement of Receipt and Exclusion

I, [Name of Authorized Representative], hereby acknowledge receipt of the insurance policy mentioned above. I further acknowledge that I have read and understand the Communicable Disease Exclusion contained within the policy and accept that such risks are excluded from coverage.

Signature: _____

Date: _____

Title: _____