

Subject: Delivery of Employment Practices Liability Insurance Policy - [Policy Number]

Date: [Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

Dear [Name of Contact],

We are pleased to deliver your Employment Practices Specialty Coverage policy, effective from [Start Date] to [End Date]. Please review the enclosed documents carefully to ensure all information is correct and that you understand the terms and conditions of your coverage.

**Important Notice Regarding Wage and Hour Exclusion:**

We would like to specifically draw your attention to the **Wage and Hour Exclusion** contained within this policy. This policy does not provide coverage, including the cost of defense, for any claims arising out of violations of the Fair Labor Standards Act (FLSA), or any similar federal, state, or local laws regarding the payment of wages, overtime, or classification of employees.

Please acknowledge your receipt of the policy and your understanding of this specific exclusion by signing below and returning a copy of this letter to our office.

If you have any questions regarding your coverage or the exclusion mentioned above, please contact your insurance representative immediately.

Sincerely,

[Your Name/Company Name]

[Title]

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**Acknowledgement of Receipt and Exclusion**

I hereby acknowledge receipt of the Employment Practices Specialty Coverage policy and specifically acknowledge that I have been informed of the Wage and Hour Exclusion contained therein.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_