

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: Renewal of Professional Liability Insurance Policy

Policy Number: [Policy Number]

Policy Period: [Effective Date] to [Expiration Date]

Dear [Insured Name],

We are pleased to enclose the renewal documents for your Professional Liability Insurance policy. We appreciate your continued trust in [Agency/Company Name] to handle your professional insurance needs.

Please review the enclosed policy carefully to ensure that the limits, deductibles, and coverage terms meet your current business requirements. Pay particular attention to the "Declarations Page" and any new endorsements that may have been added during this renewal cycle.

Action Required:

- Review all policy documents for accuracy.
- Keep these documents in a secure location.
- [Optional: Please sign the enclosed warranty statement and return it by (Date)].
- [Optional: Ensure that the premium invoice is paid by the due date of (Date) to avoid a lapse in coverage].

If you have experienced any significant changes in your business operations, services offered, or if you have any questions regarding your coverage, please contact us immediately.

Thank you for your business.

Sincerely,

[Agent Name]

[Agency Name]

[Phone Number]

[Email Address]