

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

Re: Amended Professional Liability Insurance Policy

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Insured Name],

Please find enclosed the amended documents for your Professional Liability Insurance policy. These documents reflect the recent changes requested and approved for your coverage.

Specifically, this amendment includes the following updates:

- [Brief description of change, e.g., Updated Limit of Liability]
- [Brief description of change, e.g., Addition of Endorsement XYZ]
- [Brief description of change, e.g., Correction of Named Insured]

Please review these documents carefully to ensure all information is accurate and consistent with your requirements. We recommend attaching this amendment to your original policy for your permanent records.

If you have any questions regarding these changes or your coverage in general, please contact our office at [Phone Number] or via email at [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name]

[Your Title]

[Agency/Company Name]