

[Date]

[Insured Name]

[Attention: Name/Department]

[Address Line 1]

[City, State, Zip Code]

RE: Professional Liability Insurance Policy Delivery

Policy Number: [Policy Number]

Policy Period: [Start Date] to [End Date]

Dear [Name of Contact],

Enclosed please find the original hard copy of your Professional Liability insurance policy for the upcoming term. We recommend that you review these documents carefully to ensure all coverage details, limits, and endorsements accurately reflect your requirements.

Please pay particular attention to any "Claims-Made" provisions, as these require specific reporting procedures for any incidents or potential claims that may arise during the policy period.

We suggest filing this document in a secure location for your permanent records. Should you have any questions regarding your coverage or if you need to request any certificates of insurance, please contact our office at [Phone Number] or [Email Address].

Thank you for choosing [Agency/Company Name] for your professional insurance needs. We appreciate your business.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Agency/Company Name]

Enclosure: Policy [Policy Number]