

[Date]

[Name of Legal Counsel]

[Law Firm Name]

[Address Line 1]

[City, State, Zip Code]

Re: Professional Liability Insurance Policy Delivery

Carrier: [Insurance Company Name]

Policy Number: [Policy Number]

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

Dear [Name of Legal Counsel],

Enclosed please find the original Professional Liability Insurance policy for [Law Firm Name]. This policy provides coverage for the period referenced above.

We recommend that you review the Declarations Page, any attached endorsements, and the policy exclusions to ensure the coverage meets your firm's specific requirements. Please pay particular attention to the "Claims-Made" reporting provisions and the retroactive date specified in the policy.

In the event of a potential claim or an incident that may give rise to a claim, please notify our office or the carrier immediately as per the reporting requirements outlined in the policy terms.

Thank you for the opportunity to handle your professional insurance needs. If you have any questions regarding your coverage or if there are any changes to your firm's operations, please contact me directly.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]

Enclosure: Professional Liability Policy