

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Delivery of Professional Liability Insurance Policy - [Policy Number]

Dear [Client Name],

Thank you for choosing [Agency Name] for your professional insurance needs. We are pleased to provide your Independent Consultant Professional Liability policy for the period of [Start Date] to [End Date].

Please find the following documents attached:

- Policy Declarations Page
- Policy Schedule and Endorsements
- Certificate of Insurance
- Premium Invoice (if applicable)

We recommend that you review these documents carefully to ensure that the coverage limits, professional services description, and effective dates accurately reflect your business requirements. Please pay particular attention to the "Claims-Made" provisions and any specific exclusions listed in the policy.

In the event of a potential claim or an incident that may give rise to a claim, please notify us immediately to ensure your coverage is protected.

If you have any questions or require modifications to your policy, please contact me directly at [Phone Number] or [Email Address].

We appreciate your business and look forward to supporting your consulting practice.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]