

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Re: Technology Services Professional Liability Insurance Policy Delivery

Dear [Client Contact Name],

Thank you for choosing [Agency/Company Name] for your insurance needs. We are pleased to provide your Technology Services Professional Liability policy, which is attached for your records.

**Policy Details:**

- **Carrier:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Policy Period:** [Effective Date] to [Expiration Date]

This policy is designed to protect your business against claims arising from errors or omissions in the technology services you provide. We recommend that you review the "Declarations Page" and the "Exclusions" sections carefully to understand your coverage limits and responsibilities.

**Important Reminders:**

- Keep this document in a secure location.
- Notify us immediately of any changes to your business operations or services provided.
- In the event of a potential claim or circumstance that may lead to a claim, please contact our claims department at [Phone Number/Email] as soon as possible.

If you have any questions regarding your coverage or require further assistance, please do not hesitate to contact me directly at [Phone Number].

We appreciate your business and look forward to serving you.

Sincerely,

[Agent Name]

[Title]

[Agency Name]