

[Date]

[Client Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Architects and Engineers Professional Liability Insurance Policy**

**Policy Number: [Policy Number]**

**Policy Period: [Effective Date] to [Expiration Date]**

Dear [Client Contact Name],

Enclosed please find the original Professional Liability Insurance policy for [Company Name]. We recommend that you review this document thoroughly and keep it in a secure location.

Please pay particular attention to the following sections:

- **Declarations Page:** Verifying limits of liability and deductibles.
- **Retroactive Date:** Ensuring continuous coverage for past services.
- **Claims-Reporting Provisions:** Understanding your obligation to report potential claims or circumstances promptly.
- **Exclusions:** Noting specific activities or risks not covered by this policy.

This policy is written on a "Claims-Made and Reported" basis. This means coverage applies only to claims first made against you and reported to the insurer during the policy period or applicable extended reporting period.

If you have any questions regarding your coverage or if there are changes to your firm's operations, please contact our office immediately.

Thank you for the opportunity to serve your professional insurance needs.

Sincerely,

[Your Name]

[Your Title]

[Agency/Brokerage Name]