

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip]

Re: Endorsed Professional Liability Policy Delivery

Policy Number: [Policy Number]

Effective Date: [Start Date]

Dear [Insured Name/Contact Person],

Thank you for choosing [Insurance Agency/Company Name] for your professional liability needs. We are pleased to provide you with your endorsed insurance policy documentation.

Enclosed/attached you will find your Professional Liability Policy, which includes the specific endorsements requested during the underwriting process. We recommend that you review these documents carefully to ensure all coverage limits, deductibles, and endorsement language align with your professional requirements.

Key Documents Included:

- Declarations Page
- Endorsement Schedule
- Policy Form and Provisions
- Certificate of Insurance

Please keep these documents in a safe place for your records. If you identify any discrepancies or have questions regarding the scope of your coverage, please contact our office immediately at [Phone Number] or [Email Address].

We appreciate your business and look forward to serving you throughout the policy term.

Sincerely,

[Sender Name]
[Title]
[Insurance Agency Name]