

[Date]

[Client Name]

[Business Name]

[Street Address]

[City, State, Zip Code]

**Re: Welcome - Commercial Umbrella Policy #[Policy Number]**

Dear [Client Name],

Thank you for choosing [Insurance Agency/Company Name] for your commercial insurance needs. We are pleased to confirm that your Commercial Umbrella Liability policy is now active.

This policy provides an important extra layer of protection over your primary liability limits. In the event of a significant claim that exceeds your standard policy coverage, this umbrella policy serves to protect your business assets and future earnings.

**Policy Details:**

- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Coverage Limit:** \$[Amount]

Please find your policy documents attached. We recommend reviewing the "Schedule of Underlying Insurance" to ensure all your primary policies (such as General Liability and Commercial Auto) are correctly listed.

If you have any questions or need to make changes to your coverage, please contact your agent at [Phone Number] or [Email Address].

We appreciate your business and look forward to serving you.

Sincerely,

[Agent Name]

[Title]

[Insurance Agency Name]