

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Welcome to [Insurance Company Name] - Policy #[Policy Number]

Dear [Policyholder Name],

Welcome to [Insurance Company Name]. We are pleased that you have chosen us to provide your Commercial Marine insurance coverage. Our goal is to provide superior protection and service for your maritime operations.

Enclosed you will find your insurance policy documents, including the Declarations Page, Schedule of Vessels/Equipment, and relevant endorsements. Please review these documents carefully to ensure all details regarding your coverage limits and deductibles are accurate.

Policy Details:

- Policy Type: [e.g., Hull & Machinery / Protection & Indemnity / Marine General Liability]
- Effective Date: [Start Date]
- Expiration Date: [End Date]

Claims and Support:

In the event of an incident or loss, please contact our 24/7 claims department immediately at [Phone Number] or via email at [Email Address]. Prompt reporting is essential to ensuring a smooth claims process.

For general inquiries or policy changes, please contact your agent, [Agent Name], at [Agent Phone Number].

Thank you for trusting us with your business. We look forward to a long-standing partnership.

Sincerely,

[Your Name/Signature]

[Title]

[Insurance Company Name]