

[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Dear [Client Name],

Welcome to [Insurance Company Name]. We are pleased that you have chosen us to provide your marine insurance coverage.

Our goal is to protect your maritime interests with the highest level of service. Enclosed you will find your policy documents, including your Policy Schedule, Certificate of Insurance, and terms and conditions. Please review these documents carefully to ensure all details are correct.

Your Policy Details:

- **Policy Number:** [Policy Number]
- **Vessel/Cargo Description:** [Description]
- **Coverage Period:** [Start Date] to [End Date]

In the event of an incident or if you need to file a claim, please contact our 24/7 claims department at [Phone Number] or email [Email Address] as soon as possible.

If you have any questions regarding your coverage or need to make any adjustments, please contact your dedicated account manager, [Manager Name], at [Manager Phone] or [Manager Email].

Thank you for trusting us with your marine insurance needs. We look forward to a long and successful partnership.

Sincerely,

[Your Name]
[Your Title]
[Insurance Company Name]