

[Insurance Provider Letterhead]

Date: [Insert Date]

To: [Name of Recipient/Beneficiary]

[Address]

[City, State, Zip Code]

**RE: Comfort Letter regarding Risk Coverage for [Policyholder Name]**

To Whom It May Concern,

This letter is issued by [Insurance Provider Name] at the request of our client, [Policyholder Name], in connection with [Project Name/Contract Reference].

We confirm that [Policyholder Name] currently maintains the following insurance policies with us:

- **Policy Type:** [e.g., General Liability / Professional Indemnity]
- **Policy Number:** [Insert Number]
- **Coverage Limit:** [Insert Amount] per occurrence
- **Policy Period:** [Start Date] to [End Date]

We wish to provide comfort that the risks associated with [Specific Activity/Risk Type] are generally within the scope of the aforementioned coverage, subject to the standard terms, conditions, and exclusions of the policy documents.

At the present time, the policy is in full force and effect, and all premiums due have been paid. We intend to notify you should there be any material change or cancellation of this coverage prior to the expiry date, although we assume no legal obligation to do so beyond the terms of the policy.

This letter is for information purposes only and does not amend, extend, or alter the coverage afforded by the policies listed above. It does not constitute a legal guarantee of payment or an admission of liability.

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title/Position]

[Insurance Provider Name]