[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Dear [Policyholder Name],

Welcome to [Agency Name]. We are pleased to provide you with your new Professional Liability insurance policy, [Policy Number], issued by [Carrier Name].

As a professional, we understand that your reputation and expertise are your most valuable assets. This policy is designed to protect you against claims of negligence or errors and omissions in the performance of your services. We encourage you to review the enclosed policy documents carefully to familiarize yourself with your coverage limits, exclusions, and reporting requirements.

Your Policy Details:

- **Policy Period:** [Start Date] to [End Date]
- **Coverage Limit:** [Limit Amount]
- **Deductible:** [Deductible Amount]

In the event of a potential claim or if you receive a formal notice of legal action, please contact us immediately. Timely reporting is a critical requirement of professional liability coverage.

If you have any questions regarding your coverage or need to make adjustments to your policy as your practice grows, please do not hesitate to reach out to [Agent Name] at [Agent Phone/Email].

Thank you for choosing [Agency Name] for your professional protection.

Sincerely,

[Agent Signature]
[Agent Name]
[Agent Title]

Enclosures:
Policy Declaration Page

Certificate of Insurance
Claim Reporting Instructions