[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Official Welcome - Your Professional Liability Coverage

Dear [Policyholder Name],

Welcome to [Insurance Company Name]. We are pleased to confirm that your Professional Liability Insurance coverage is now active under Policy Number: **[Policy Number]**.

At [Insurance Company Name], we understand the importance of protecting your professional reputation and assets. Your policy has been designed to provide comprehensive protection against claims arising from your professional services.

Policy Details:

- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Limit of Liability:** [Coverage Amount]
- **Deductible:** [Deductible Amount]

Attached to this letter, you will find your insurance certificate and the full policy wording. We encourage you to review these documents carefully to understand your coverage, exclusions, and reporting obligations.

Reporting a Claim:
In the event of a claim or a circumstance that may lead to a claim, please contact our claims department immediately at [Phone Number] or via email at [Email Address].

If you have any questions regarding your coverage or need to make adjustments to your policy, please contact your account manager at [Agent Phone Number].

Thank you for choosing [Insurance Company Name]. We look forward to serving you.

Sincerely,

[Signature]
[Name of Representative]
[Title]
[Insurance Company Name]