[Date]

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

Re: Professional Liability Insurance Coverage - Policy Number: [Policy Number]

Dear [Client Name],

Welcome to [Agency/Company Name]. We are pleased to confirm that your Professional Liability insurance coverage is now active. We appreciate the trust you have placed in us to protect your professional reputation and practice.

Your Policy Details:

- **Carrier:** [Insurance Carrier Name]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Limit of Liability:** $[Amount] per claim / $[Amount] aggregate

Next Steps and Resources:

Attached to this letter, you will find your Certificate of Insurance and your full policy document. Please review these documents carefully to ensure all information is accurate and that you understand your coverage limits, exclusions, and reporting requirements.

Reporting a Claim or Circumstance:

In the event of a claim or if you become aware of a circumstance that may lead to a claim, please contact our claims department immediately at [Phone Number] or [Email Address]. Timely reporting is a requirement of your policy.

Risk Management Support:

As a policyholder, you have access to our risk management resources, including [List services such as webinars, legal hotlines, or documentation templates]. You can access these at [Website URL].

If you have any questions regarding your coverage or need to make any updates to your professional profile, please feel free to reach out to me directly.

Sincerely,

[Your Name]
[Your Title]

[Agency Name]
[Phone Number]
[Email Address]