[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

Subject: Welcome to [Insurance Company Name] - Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your Professional Liability insurance needs. We are pleased to confirm that your coverage is now active.

As a professional, you face unique risks. Our policy is designed to protect your reputation and your assets against claims of negligence or errors and omissions in the services you provide. We are committed to providing you with the defense and support necessary to maintain your practice with peace of mind.

Your Policy Package
Please find the following documents attached for your records:

- Declarations Page (Summary of coverage limits and deductibles)
- Policy Form and Endorsements
- Certificate of Insurance
- Premium Invoice (if applicable)

How to Report a Claim
If you become aware of a claim or a circumstance that may lead to a claim, please notify us immediately. Timely reporting is essential to your defense. You can report a claim via:

- Email: [Claims Email Address]
- Phone: [Claims Phone Number]
- Website: [URL]

Customer Support
If you have any questions regarding your policy or need to make adjustments to your coverage, please contact your agent at [Agent Phone Number] or email us at [Customer Service Email].

We value your trust and look forward to serving you.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]