[Date]

[Client Name]
[Practice Name]
[Address Line 1]
[City, State, Zip Code]

Dear [Client Name],

Welcome to [Insurance Agency/Company Name]. We are pleased to confirm that your Professional Liability insurance coverage is now active under policy number [Policy Number].

Our priority is securing your practice so you can focus on providing excellent care to your patients. This policy is designed to protect your professional reputation and financial stability against potential claims or legal actions.

Your Policy Package Includes:

- Policy Declaration Page (Proof of Insurance)
- Full Policy Terms and Conditions
- Claims Reporting Procedures
- Risk Management Resource Guide

Please review your documents carefully to ensure all details regarding your coverage limits and retroactive dates are correct. We recommend keeping a copy of your Certificate of Insurance easily accessible for credentialing and licensing requirements.

If you have any questions or need to make adjustments to your coverage as your practice grows, please contact your dedicated agent, [Agent Name], at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Agency/Company Name] as your partner in professional protection.

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Insurance Agency Name]