[Date]

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

Subject: Welcome to [Agency Name] - Professional Liability Insurance Coverage

Dear [Client Name],

Welcome to [Agency Name]. We are pleased to confirm that we have successfully placed your Professional Liability (Errors & Omissions) insurance coverage. We appreciate the trust you have placed in us to protect your professional reputation and business assets.

Enclosed/Attached you will find your policy documentation, including the Declarations Page and Certificate of Insurance. We recommend reviewing these documents carefully to ensure all details-including limits of liability, deductibles, and retroactive dates-align with your requirements.

Key Policy Information:

- **Carrier:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]

Please remember that most Professional Liability policies are written on a "Claims-Made" basis. This means that a claim must be made against you and reported to the insurance company during the active policy period for coverage to apply.

If you have any questions regarding your coverage, need to request a certificate for a third party, or need to report a potential claim, please contact our team directly at [Phone Number] or [Email Address].

Thank you for choosing [Agency Name]. We look forward to a long and successful partnership.

Sincerely,

[Agent Name]
[Agent Title]
[Agency Name]