

Subject: ACTION REQUIRED: Professional Liability Insurance Renewal - [Policy Number]

Dear [Client Name],

Your Professional Liability Insurance policy is scheduled to expire on [Expiration Date]. To ensure continuous coverage and avoid any potential gaps in protection, we must begin the renewal process immediately.

Required Actions:

- Review the attached renewal application.
- Update your projected annual revenue and staff count.
- Disclose any changes to your business services or operations.
- Sign and return the documents by [Due Date].

Failure to renew by the expiration date may result in a loss of coverage for prior acts. If you have had any claims or are aware of any circumstances that may lead to a claim, please notify us immediately.

Please send the completed forms to [Email Address] or upload them via our secure portal.

If you have any questions regarding your coverage options or updates to your policy, please contact me directly at [Phone Number].

Sincerely,

[Your Name]
[Your Title]
[Agency Name]