

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Renewal of Professional Liability Insurance - Policy #[Policy Number]

Dear [Client Name],

Your current Professional Liability (Errors and Omissions) insurance policy is scheduled to expire on [Expiration Date]. To ensure continuous coverage and protect your agency against potential claims, it is time to begin the annual renewal process.

Please find the enclosed renewal application and questionnaire. To provide you with the most accurate quote and updated terms, we require the following information:

- Completed and signed renewal application.
- Current summary of annual gross revenues.
- Details regarding any changes in services offered or agency ownership.
- Information on any claims or potential incidents reported during the past year.

To avoid any lapse in coverage, please submit the completed documents to our office by [Due Date]. Once reviewed, we will provide you with a formal quote and updated policy terms for the upcoming year.

If you have any questions or would like to schedule a brief call to review your current limits, please contact me directly at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]