

[Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Expiration and Renewal Offer

Policy Number: [Policy Number]
Expiration Date: [Expiration Date]

Dear [Insured Name],

Your Professional Liability insurance policy is scheduled to expire on [Expiration Date]. To ensure that your coverage remains continuous and that your professional assets stay protected, we have prepared the renewal terms for the upcoming period.

Renewal Summary:

- **Carrier:** [Insurance Company Name]
- **Policy Period:** [Start Date] to [End Date]
- **Limit of Liability:** \$[Amount]
- **Deductible/Retention:** \$[Amount]
- **Annual Premium:** \$[Amount]

Action Required:

To bind coverage and prevent a lapse in insurance, please complete the following steps by [Deadline Date]:

1. Review the attached renewal application and update any changes to your business operations.
2. Sign and return the renewal acceptance form.
3. Submit payment for the premium via [Payment Method/Link].

Failure to renew by the expiration date may result in a loss of coverage for prior acts and a gap in your professional protection.

If you have any questions regarding these terms or wish to discuss adjustments to your limits, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Agency Name]
[License Number]