

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

**RE: Notice of Professional Liability Insurance Renewal**

Dear [Client Name],

Your Professional Liability Insurance policy (Errors and Omissions), policy number [Policy Number], is scheduled to expire on [Expiration Date].

To ensure continuous coverage and protect your business against potential claims, we have begun the renewal process. Enclosed/attached you will find the renewal application and a summary of your current coverage limits.

**Action Required:**

- Review your current coverage limits and deductibles.
- Complete and sign the attached renewal application.
- Report any changes in your business operations, annual revenue, or staff headcount.
- Return the completed forms to our office by [Deadline Date].

Early submission of these documents will allow us to negotiate the most competitive terms and premiums with your current carrier or explore alternative markets if necessary.

Please contact me directly at [Phone Number] or [Email Address] if you have any questions or if there have been any material changes to your risk profile over the past year.

We appreciate your business and look forward to continuing our partnership.

Sincerely,

[Your Name]

[Your Title]

[Brokerage Name]