

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: NOTICE OF RENEWAL - Professional Liability Insurance

Dear [Client Contact Name],

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

Please find the renewal application forms attached. To secure firm quotes and process your renewal effectively, we require the following items:

- Completed and signed Renewal Application.
- Current year-to-date financial statements (if applicable).
- Updated claims information or a "No Loss" letter.
- Any supplementary questionnaires related to changes in your business operations.

Please return the completed documentation to our office no later than [Due Date]. Early submission allows us to negotiate the most competitive terms and premiums on your behalf.

If there have been significant changes to your services, revenue, or staff over the past year, please let us know so we can adjust your coverage accordingly.

Should you have any questions regarding the application or your current coverage, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Agent/Broker Name]

[Agency Name]