

[Date]

[Insured Name]

[Address Line 1]

[City, State, Zip Code]

RE: Professional Liability Insurance Policy Renewal - [Policy Number]

Dear [Policyholder Name],

Your Professional Liability insurance policy is scheduled to expire on [Expiration Date]. To ensure continuous coverage and allow sufficient time for the underwriting process, we require a completed renewal application.

Please find the attached renewal application form. To maintain your current coverage without interruption, please complete, sign, and return the following documents by [Deadline Date]:

- Completed and Signed Renewal Application
- Current Financial Statements (if applicable)
- Updated Claim Information (if any)
- [List any other specific requirements]

Failure to provide the completed application by the requested date may result in a lapse of coverage or a delay in receiving your renewal quote.

You may submit the completed forms via email to [Email Address] or by mail to the address listed above.

If you have any questions or have experienced significant changes in your business operations over the past year, please contact us immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]

[Title]

[Company Name]