

[Date]

[Insured Name]

[Address Line 1]

[City, State, Zip Code]

RE: Notice of Upcoming Professional Liability Insurance Renewal

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Insured Name/Contact Person],

Your Professional Liability Insurance policy is scheduled to expire on [Expiration Date]. To ensure continuous coverage and protect your practice against potential claims, it is time to begin the renewal process.

Maintaining uninterrupted coverage is essential for your professional protection. Please review the attached renewal application and provide the following information by [Due Date]:

- Completed and signed renewal application form.
- Current summary of professional services/activities.
- Details regarding any changes in staff or business structure over the past year.
- Information on any potential claims or circumstances that may lead to a claim.

Once we receive your updated information, we will provide you with a formal renewal quotation for the upcoming term. If you have had significant changes in your revenue or scope of services, please let us know so we can adjust your coverage accordingly.

Please return the required documents via email to [Email Address] or by mail to the address listed above. If you have any questions regarding your renewal, please contact us at [Phone Number].

Thank you for your continued business.

Sincerely,

[Your Name/Agent Name]

[Title]

[Company Name]