

[Date]

[Insured Name]

[Agency Name]

[Address]

[City, State, Zip]

RE: Upcoming Renewal of Professional Liability (Errors & Omissions) Insurance

Dear [Policyholder Name],

Your Professional Liability insurance policy number [Policy Number] is scheduled to expire on [Expiration Date]. To ensure uninterrupted coverage for your agency, we must begin the renewal process immediately.

Enclosed/attached you will find the renewal application. Please review your current information and provide updates regarding:

- Current annual gross revenues
- Current staff count and licensed agent list
- Any changes in the types of insurance products you provide
- Notification of any potential claims or incidents

To avoid a lapse in coverage, please return the completed application and any required documentation by [Due Date]. Once we receive your application, we will market your account to our carrier partners to provide you with the most competitive terms and pricing.

If you have any questions regarding the renewal process or wish to discuss changes to your coverage limits, please contact me directly at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Agent Name]

[Agency Name]