

Personal Liability Coverage Summary

Date: [Insert Date]

To: [Insert Community Organization Name]

Address: [Insert Address]

Dear [Insert Contact Name],

We are pleased to provide you with a summary of the personal liability coverage for your community organization. This coverage is essential to protect your organization and its members from potential liabilities that may arise during your activities.

Coverage Overview

- **Policy Number:** [Insert Policy Number]
- **Insured Entity:** [Insert Insured Entity Name]
- **Coverage Limits:** [Insert Coverage Limits]
- **Policy Effective Date:** [Insert Effective Date]
- **Policy Expiration Date:** [Insert Expiration Date]

Included Coverage

- General Liability
- Professional Liability
- Product Liability (if applicable)

Exclusions

Please review the following exclusions that apply to this coverage:

- Intentional Acts
- Contractual Liability
- Auto Liability

For any questions or further details on your coverage, please do not hesitate to contact us.

Thank you for your commitment to our community.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]