

# Volunteer Liability Insurance Information

Date: [Insert Date]

To: [Volunteer Name]

[Address]

[City, State, Zip Code]

Dear [Volunteer Name],

Thank you for your dedication and commitment to volunteering with [Organization Name]. We appreciate your support and want to ensure you are informed about the liability insurance coverage provided for volunteers.

As a volunteer, you are covered under our liability insurance policy, which protects you against claims of bodily injury or property damage that may arise during your service with us. Here are the key points of the coverage:

- Coverage Limits: [Insert Coverage Limits]
- Policy Number: [Insert Policy Number]
- Effective Dates: [Insert Effective Dates]

If you have any questions or need further clarification regarding the insurance coverage, please do not hesitate to reach out. Your safety and peace of mind are our top priorities.

Thank you again for your invaluable contribution to our mission!

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]