

Professional Liability Insurance Policy Confirmation

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Client's Name],

We are pleased to confirm your Professional Liability Insurance Policy, effective as of [Effective Date]. This policy provides coverage for claims arising from professional services rendered by you or your business.

Policy Details:

- **Policy Number:** [Insert Policy Number]
- **Insured Name:** [Insured Name]
- **Coverage Amount:** [Insert Coverage Amount]
- **Policy Period:** [Insert Policy Period]

For any questions regarding your policy or to file a claim, please contact us at [Insurance Company Phone Number] or [Insurance Company Email].

Thank you for choosing [Insurance Company Name] for your Professional Liability Insurance needs.

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]