

Umbrella Insurance Policy Confirmation

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Address: [Insert Policyholder Address]

Dear [Policyholder Name],

We are pleased to confirm your umbrella insurance policy, effective as of [Effective Date]. This policy is designed to provide you with an additional layer of liability protection beyond your existing renter's insurance.

Policy Details

- Policy Number: [Insert Policy Number]
- Coverage Amount: [Insert Coverage Amount]
- Effective Date: [Insert Effective Date]
- Premium Amount: [Insert Premium Amount]

Your umbrella insurance will cover incidents such as bodily injury, property damage, and personal liability claims, up to the covered limit specified in the policy.

If you have any questions regarding your policy or coverage details, please do not hesitate to contact us at [Insert Contact Information]. We are here to assist you.

Thank you for choosing [Insurance Company Name]. We appreciate your business!

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]