Agreement to Corporate Liability Policies

Date: [Insert Date]
[Your Company Name]
[Your Company Address]
[City, State, ZIP Code]
[Recipient's Name]
[Recipient's Company Name]
[Recipient's Company Address]
[City, State, ZIP Code]
Dear [Recipient's Name],
I am writing to confirm that both parties have agreed to the corporate liability policies outlined in our previous discussions and meetings. The following terms have been mutually accepted:
 Policy Coverage: [Detail the coverage specifics] Policy Limits: [Specify the limits of liability] Effective Date: [Insert Effective Date] Review Period: [State the review period]
By signing below, both parties agree to the terms and conditions set forth in this agreement.
Sincerely,
[Your Name]
[Your Position]
[Your Company Name]
Agreed and Accepted:
[Recipient's Name] [Recipient's Position]

[Recip	pient's	Compan	y N	ame]
Date:				