

# Certificate of Insurance

Date: [Insert Date]

To Whom It May Concern,

This is to certify that [Insured's Name] is currently covered under a Professional Liability Insurance policy with [Insurance Company Name].

Policy Number: [Insert Policy Number]

Coverage Effective Date: [Insert Start Date]

Coverage Expiration Date: [Insert Expiration Date]

Coverage Limit: [Insert Coverage Limit]

## Details of Coverage:

- Type of Coverage: Professional Liability
- Description of Services: [Insert description of services covered]

This certificate does not serve as a contract, nor does it amend or alter the coverage provided by the insurance policy.

If you have any questions or require further information, please feel free to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]