

# Professional Liability Insurance Coverage Adjustment Notice

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Company Name]

[Recipient's Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about an adjustment to your professional liability insurance coverage with [Your Company Name]. This adjustment reflects changes in your policy as discussed during our recent review.

Your new coverage details are as follows:

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

- Premium Amount: [Insert Premium Amount]

We believe that these adjustments will better suit your current needs and ensure comprehensive coverage for your professional activities.

If you have any questions or require further clarification, please do not hesitate to contact us at [Your Contact Information].

Thank you for your continued trust in [Your Company Name].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]