

Professional Liability Insurance Coverage Details

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to provide you with the details of your Professional Liability Insurance coverage. This policy is designed to protect you against claims arising from the provision of your professional services.

Policy Details

- Policy Number: [Insert Policy Number]
- Insurer Name: [Insert Insurer Name]
- Coverage Period: [Insert Coverage Period]
- Coverage Limits: [Insert Coverage Limits]
- Deductible: [Insert Deductible Amount]

Coverage Includes

- Errors and Omissions
- Negligence
- Defense Costs
- Claims Related to Services Provided

Exclusions

Please note the following exclusions are applicable:

- Intentional Acts
- Employment-related Claims
- Contractual Liability

If you have any questions or require further details regarding your coverage, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insurer Name] for your professional liability insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Your Company]