

# Professional Liability Insurance Endorsement Confirmation

Date: [Insert Date]

[Your Name]  
[Your Title]  
[Your Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Recipient Name]  
[Recipient Title]  
[Recipient Company Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

We are writing to confirm the endorsement of your professional liability insurance policy, effective as of [Effective Date]. This endorsement includes the following terms:

- Coverage Limits: [Insert Coverage Limits]
- Endorsed Activities: [Insert Endorsed Activities]
- Policy Number: [Insert Policy Number]

Please review the details carefully and reach out to us if you have any questions or require further clarification. We appreciate your trust in us and look forward to continuing to support your professional insurance needs.

Thank you for your cooperation.

Sincerely,

[Your Name]  
[Your Title]  
[Your Company Name]