

Commercial Liability Insurance Coverage Confirmation

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm that you are covered under our Commercial Liability Insurance Policy as outlined below:

Policy Details:

- Policy Number: [Insert Policy Number]
- Effective Date: [Insert Effective Date]
- Expiration Date: [Insert Expiration Date]
- Insured Amount: [Insert Insured Amount]

Coverage Includes:

- Bodily Injury
- Property Damage
- Personal and Advertising Injury
- Medical Payments

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

Thank you for choosing [Insurance Company Name] for your commercial liability insurance needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]