

Tail Insurance Risk Assessment

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to provide you with the results of the tail insurance risk assessment conducted for your practice. This assessment aims to identify potential liabilities that may arise after the cessation of your medical services.

Based on our evaluation, we have considered the following factors:

- Years of Practice
- Claims History
- Nature of Services Provided
- Patient Demographics
- State Regulations

Our findings indicate that your potential exposure under tail coverage is [Insert Findings]. We recommend considering a tail insurance policy to protect against future claims that may arise from past activities.

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

Thank you for the opportunity to assist you in this important assessment.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Contact Information]