

[Date]

[Recipient Name]

[Recipient Title]

[Company Name]

[Street Address]

[City, State, Zip Code]

RE: Confirmation of Additional Insured Endorsement

Dear [Recipient Name],

This letter serves to confirm that [Your Company Name] has successfully added [Recipient Company Name] as an Additional Insured on our current insurance policies, effective as of [Effective Date].

The following policy details apply to this endorsement:

- **Policy Type:** [e.g., General Liability]
- **Policy Number:** [Policy Number]
- **Carrier:** [Insurance Company Name]
- **Endorsement Number:** [Endorsement Number, if applicable]

Attached to this letter, please find the Certificate of Insurance (COI) and the specific Endorsement Page from our policy reflecting your status as an Additional Insured. This coverage is provided in accordance with the terms of the agreement dated [Date of Contract/Agreement].

Please review the attached documents for your records. If you require any further information or have questions regarding our coverage limits, please contact [Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Your Company Name]

Enclosures: Certificate of Insurance, Additional Insured Endorsement Page