

[Date]

[Insurance Broker/Agent Name]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

RE: Request to Add Named Insured to Commercial General Liability Policy

Policy Number: [Your Policy Number]

Named Insured: [Your Current Business Name]

Dear [Agent Name],

Please accept this letter as a formal request to add the following entity as an Additional Named Insured to the above-referenced Commercial General Liability policy effective [Date]:

Entity Name: [Legal Name of Entity to be Added]

Address: [Address of Entity]

Relationship: [e.g., Subsidiary, Parent Company, or Partner]

FEIN/Tax ID: [Tax ID Number]

This addition is requested because [briefly state reason, e.g., corporate restructuring or new partnership]. We require that this entity be granted the same rights and coverage as the primary named insured.

Please provide an updated Certificate of Insurance and the corresponding policy endorsement once this change has been processed. If there is an additional premium associated with this request, please notify us immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Phone Number]