

[Date]

[Insurance Company Name]
[Insurance Agent/Broker Name]
[Address]
[City, State, Zip Code]

RE: Request for Addition of Named Insured Endorsement

Policy Number: [Your Policy Number]

Current Named Insured: [Existing Entity Name]

Dear [Name of Agent or Underwriter],

Please be advised that effective [Effective Date of Merger], [Name of Existing Entity] has completed a corporate merger with [Name of Merging/Acquired Entity].

As a result of this transaction, we formally request an endorsement to the above-referenced policy to add the following entity as an Additional Named Insured:

New Entity Name: [Full Legal Name of New Entity]

Tax ID Number (FEIN): [FEIN Number]

Business Address: [Address of New Entity]

Description of Operations: [Brief Description]

We request that this addition be made effective as of [Effective Date]. Please confirm that all coverage, terms, and conditions of the current policy will extend to this entity.

Attached to this letter, please find the [Supporting Documents, e.g., Articles of Merger or Bill of Sale] for your records.

Please provide the updated Certificate of Insurance and the formal endorsement once processed. Should you require further information, please contact [Contact Person] at [Phone Number/Email].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]