

Date: [Insert Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Subject: Request for Addition of Named Insured - Errors and Omissions Policy

Policy Number: [Insert Policy Number]

To Whom It May Concern,

I am writing to formally request an endorsement to my professional liability / Errors and Omissions insurance policy to add an Additional Named Insured.

Please add the following entity to the policy:

Entity Name: [Name of Contractor/Company to be added]  
Tax ID / EIN: [Insert Number]  
Address: [Insert Address]  
Relationship: [e.g., Subcontractor, Partner, or Subsidiary]

This addition is required due to [Brief Reason, e.g., Contractual Requirement for Project X]. We request that this endorsement be effective as of [Insert Effective Date].

Please provide a revised Certificate of Insurance and the formal endorsement documentation once this change has been processed. If there is an additional premium required for this update, please notify me immediately.

Thank you for your assistance.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title]  
[Your Phone Number]