

[Date]

[Loss Payee Name]
[Loss Payee Address]
[City, State, Zip Code]

RE: Confirmation of Loss Payee Addition

Policy Number: [Policy Number]
Insured Name: [Insured Name]
Effective Date: [Effective Date]

Dear [Contact Person Name],

This letter serves as formal confirmation that [Loss Payee Name] has been added as a Loss Payee to the commercial auto insurance policy referenced above.

This endorsement applies to the following vehicle(s):

- [Year, Make, and Model] - VIN: [VIN Number]

As a Loss Payee, your interest in the listed collateral is recognized under the terms and conditions of the policy. In the event of a covered loss, claim payments for physical damage to the specified vehicle(s) will be made payable to both the Insured and [Loss Payee Name], as interests may appear.

Please find the attached endorsement document for your records. If there are any discrepancies or if you require further information, please contact our office at [Phone Number].

Sincerely,

[Authorized Signature]
[Full Name]
[Title]
[Insurance Company/Agency Name]