

[Date]

[Lienholder Name]
[Lienholder Address]
[City, State, Zip Code]

RE: Confirmation of Loss Payee Addition

Policy Number: [Policy Number]
Insured Name: [Insured Full Name]
Vehicle Year/Make/Model: [Year] [Make] [Model]
Vehicle Identification Number (VIN): [VIN Number]

Dear [Contact Name or Department],

This letter serves as formal confirmation that [Lienholder Name] has been added as a Loss Payee to the personal automobile insurance policy referenced above, effective [Effective Date].

The policy includes the following coverages for the described vehicle:

- Comprehensive Deductible: [Amount]
- Collision Deductible: [Amount]

As a Loss Payee, you will be notified of any significant changes to the policy, including cancellation or non-renewal, in accordance with policy provisions and state regulations.

Enclosed is a copy of the Endorsement/Certificate of Insurance for your records. If you have any questions or require further information, please contact our office at [Phone Number].

Sincerely,

[Agent/Representative Name]
[Insurance Company/Agency Name]
[Phone Number]