

[Date]

[Loss Payee Name]

[Loss Payee Address]

[City, State, Zip Code]

RE: Notice of Loss Payee Addition

Policy Number: [Policy Number]

Insured Name: [Insured Party Name]

Property Address: [Insured Property Address]

To Whom It May Concern,

This letter serves as formal confirmation that [Loss Payee Name] has been added to the above-referenced commercial property insurance policy as a Loss Payee via endorsement, effective [Effective Date].

As a Loss Payee, your interest in the covered property is recognized. In the event of a covered loss, claim payments may be made jointly to you and the Insured, as your interests may appear under the terms and conditions of the policy.

Please find the attached Certificate of Insurance and the specific Loss Payable Provisions Endorsement for your records.

Should you have any questions regarding this coverage or the endorsement details, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Name of Agent/Representative]

[Insurance Company/Agency Name]