

[Date]

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

RE: Notice of Loss Payee Addition

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

Dear [Contact Name or Representative],

This letter serves as formal confirmation that [Insurance Company Name] has amended the above-referenced Business Owner Policy (BOP) to include **[Loss Payee Name]** as a Loss Payee.

As a designated Loss Payee, your interest in the following covered property is recognized under the policy terms:

[Description of Property/Equipment/Location]

This endorsement ensures that in the event of a covered physical loss to the specified property, claim payments will be made jointly to the Insured and the Loss Payee, as interests may appear.

Enclosed is a copy of the endorsement for your records. Please review the document to ensure the name and address are listed correctly.

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

Sincerely,

[Agent/Representative Name]
[Title]
[Insurance Agency/Company Name]

cc: [Insured Business Name]