

[Date]

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

RE: Confirmation of Loss Payee Addition

Policy Number: [Policy Number]
Insured: [Named Insured Name]
Effective Date of Change: [Effective Date]

To Whom It May Concern,

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

As a Loss Payee, your interest is recognized regarding the following scheduled equipment/property:

[Description of Equipment/Property, including Serial Numbers or VINs]

Enclosed is a copy of the Loss Payable Provision endorsement for your records. This endorsement stipulates that any loss covered under the policy for the described property shall be payable to you and the Insured as interests may appear.

Please review the enclosed document to ensure the name and address are recorded correctly. Should you have any questions or require further modifications, please contact our office at [Phone Number].

Sincerely,

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

Enclosure: Loss Payable Endorsement