

[Date]

[Lienholder/Lender Name]

[Lienholder Address]

[City, State, Zip Code]

RE: Confirmation of Loss Payee Endorsement

Policy Number: [Policy Number]

Insured: [Insured Name/Company Name]

Effective Date: [Effective Date]

To Whom It May Concern,

This letter serves as formal confirmation that [Insurance Company Name] has added [Lienholder Name] as a Loss Payee to the above-referenced insurance policy regarding the following heavy machinery:

- **Equipment Description:** [Make/Model]
- **Year:** [Year]
- **Serial Number / VIN:** [Serial Number]

Under this endorsement, any loss or damage payable under the physical damage coverage of this policy shall be paid to the Insured and the Loss Payee as their interests may appear. We further confirm that the Loss Payee will be notified in writing at least [Number of Days] days prior to any cancellation or material change to the policy.

A copy of the formal policy endorsement is attached for your records. If you require further documentation or have any questions, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Agent Name/Signature]

[Title]

[Insurance Agency/Company Name]