

Date: [Insert Date]

To:

[Lienholder/Lender Name]

[Address Line 1]

[City, State, Zip Code]

RE: Confirmation of Loss Payee Addition

Policy Number: [Insert Policy Number]

Insured: [Insert Company Name/Fleet Owner]

Dear [Contact Name or Department],

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

The endorsement applies to the following vehicle(s):

- **Year/Make/Model:** [Insert Vehicle Details]
- **VIN:** [Insert VIN Number]
- **Unit Number:** [Insert Unit Number]

As a Loss Payee, your interest in the specified equipment is recognized under the policy's physical damage coverage. In the event of a covered total loss or significant damage, claim payments will be issued naming [Lienholder/Lender Name] as a payee, as its interest may appear.

We have attached the formal Policy Endorsement page for your records. Please notify us immediately if there are any discrepancies regarding the lienholder address or vehicle identification information.

Sincerely,

[Your Name/Agent Name]

[Title]

[Insurance Company/Agency Name]

[Phone Number]