

Date: [Insert Date]

To: [Insert Contact Name]
[Insert Company Name]
[Insert Address]
[Insert City, State, Zip Code]

Subject: Confirmation of Additional Insured Endorsement

Policyholder: [Insert Your Company Name]

Policy Number: [Insert Policy Number]

Insurance Carrier: [Insert Carrier Name]

Dear [Insert Name],

This letter serves to confirm that [Insert Your Company Name] has added [Insert Entity Name to be Insured] as an Additional Insured on our General Liability insurance policy.

This endorsement has been issued in accordance with the requirements set forth in our agreement dated [Insert Contract Date]. The coverage provided to you as an additional insured is primary and non-contributory for claims arising out of our operations.

Please find the following documents attached for your records:

- Certificate of Insurance (COI)
- Copy of the Additional Insured Endorsement (Form #[Insert Form Number])

Should you have any questions regarding this coverage or require further documentation, please contact our insurance representative, [Insert Agent Name], at [Insert Agent Phone/Email].

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]