

[Date]

[Certificate Holder Name]

[Company Name]

[Address]

[City, State, Zip Code]

Re: Evidence of Ongoing and Completed Operations Additional Insured Coverage

To Whom It May Concern,

This letter serves to confirm that [Your Company Name] maintains General Liability Insurance policy number [Policy Number] with [Insurance Carrier Name], effective from [Start Date] to [End Date].

Per the terms of our written contract/agreement dated [Contract Date], [Certificate Holder Name] and all other required parties are hereby named as Additional Insureds on a primary and non-contributory basis.

This coverage applies to:

- **Ongoing Operations:** Coverage for liability arising out of our current work performed for you (utilizing ISO Form CG 20 10 or equivalent).
- **Completed Operations:** Coverage for liability arising out of "your work" after the project has been completed and put to its intended use (utilizing ISO Form CG 20 37 or equivalent).

Attached is the Certificate of Insurance (COI) and the specific policy endorsements verifying that both Ongoing and Completed Operations coverage are in full force.

Please contact [Name/Department] at [Phone Number/Email] if you require further documentation.

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Your Company Name]