

[Date]

[Recipient Name]

[Recipient Company Name]

[Recipient Address]

[City, State, Zip Code]

RE: Evidence of Primary and Non-Contributory Additional Insured Status

To Whom It May Concern,

This letter serves to confirm that per the requirements of the written contract between [Your Company Name] and [Recipient Company Name] dated [Date of Contract], the insurance policies listed below have been endorsed to include [Recipient Company Name] as an Additional Insured.

Policy Details:

Line of Coverage: [e.g., General Liability]

Insurance Carrier: [Carrier Name]

Policy Number: [Policy Number]

Policy Period: [Effective Date] to [Expiration Date]

It is further confirmed that such insurance as is afforded by these policies to the Additional Insured shall be **Primary and Non-Contributory** with any other insurance available to the Additional Insured. Any insurance or self-insurance maintained by [Recipient Company Name] shall be excess of [Your Company Name]'s insurance and shall not contribute with it.

A Waiver of Subrogation in favor of [Recipient Company Name] is also included as required by the aforementioned contract.

Attached please find the Certificate of Insurance (COI) and the specific endorsement forms verifying this coverage.

Sincerely,

[Your Name/Signature]

[Your Title]

[Your Company Name]