

[Date]

[Recipient Name]  
[Recipient Company]  
[Recipient Address]  
[City, State, Zip Code]

**RE: Confirmation of Additional Insured Status and Waiver of Subrogation**

To Whom It May Concern,

This letter serves to confirm that **[Your Company Name]** has updated its insurance program to meet the requirements outlined in the agreement dated **[Agreement Date]** between **[Your Company Name]** and **[Recipient Company]**.

We hereby confirm that the following provisions are active under our current insurance policies (Policy Number: **[Policy Number]**):

- **Additional Insured:** [Recipient Company], its officers, directors, and employees have been added as Additional Insureds regarding General Liability for claims arising out of our operations.
- **Waiver of Subrogation:** A Waiver of Subrogation has been issued in favor of [Recipient Company] for General Liability and Workers' Compensation policies as required by the contract.
- **Primary and Non-Contributory:** This insurance is primary and any other insurance maintained by the Additional Insured is non-contributory.

An updated Certificate of Insurance (COI) reflecting these endorsements is attached to this letter for your records.

Please let us know if you require any further documentation.

Sincerely,

[Your Name]  
[Your Title]  
[Your Company Name]  
[Your Phone Number]