head>

[Date]

[Certificate Holder Name]
[Company Name]
[Street Address]
[City, State, Zip Code]

Re: Issuance of Third-Party Waiver of Subrogation Endorsement

Dear [Contact Person Name],

Pursuant to the requirements of the contract between [Your Company Name] and [Certificate Holder Company Name] dated [Contract Date], please find the enclosed endorsement for Waiver of Subrogation.

The attached endorsement has been issued by [Insurance Carrier Name] under Policy Number [Policy Number]. This endorsement confirms that the insurer waives its rights of recovery against [Certificate Holder Company Name] for losses paid under the policy arising out of our operations or work performed under the aforementioned contract.

Policy Details:

- **Policy Type:** [e.g., General Liability / Workers Compensation]
- **Policy Period:** [Effective Date] to [Expiration Date]
- **Endorsement Number:** [Endorsement Number]

Please update your records accordingly. Should you require any further documentation or have questions regarding this issuance, please contact our insurance representative, [Agent Name], at [Agent Phone/Email].

Sincerely,

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

Enclosure: Copy of Endorsement