[Date]

[Certificate Holder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Issuance of Waiver of Subrogation Endorsement

To Whom It May Concern,

Please find enclosed the formal endorsement to the insurance policy referenced below, naming [Certificate Holder Name] as a holder of a Waiver of Subrogation.

Insured Name: [Your Company Name]
Policy Number: [Policy Number]
Policy Period: [Start Date] to [End Date]
Coverage Type: [e.g., General Liability / Workers Compensation]

As per our contractual agreement regarding [Project Name/Contract Number], the insurer has agreed to waive any right of recovery against your organization for losses arising from our operations, provided such waiver is required by written contract prior to a loss.

This endorsement is now an official part of the insurance policy. Please update your records accordingly.

If you have any questions or require further documentation, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Company Name]

Enclosure: Policy Endorsement Document