

[Date]

[Insurance Agent/Broker Name]

[Insurance Agency Name]

[Agency Address]

[City, State, Zip Code]

RE: Request for Primary and Non-Contributory Endorsement

Dear [Agent Name],

I am writing to request a Primary and Non-Contributory endorsement for the following policy:

- **Policy Type:** [e.g., General Liability]
- **Policy Number:** [Enter Policy Number]
- **Named Insured:** [Your Company Name]

Please add the following entity as an Additional Insured on a primary and non-contributory basis:

[Additional Insured Entity Name]

[Additional Insured Address]

[City, State, Zip Code]

This request is made to satisfy the contractual requirements for the project/contract titled:
[Project Name or Contract Number].

Once the endorsement is processed, please provide an updated Certificate of Insurance (COI) reflecting these changes. You may send the document to [Your Email Address].

Thank you for your assistance. Please contact me at [Your Phone Number] if you have any questions.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]