

[Date]

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

RE: Notice of Approval - Primary and Non-Contributory Endorsement

Dear [Recipient Name],

This letter serves as formal notification that the request for a Primary and Non-Contributory Endorsement has been approved for the following policy:

- **Policyholder:** [Policyholder Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Effective Date]
- **Additional Insured:** [Name of Entity/Organization]

Under this endorsement, the coverage provided by the aforementioned policy shall be primary to any other insurance available to the Additional Insured. Furthermore, we waive any right of contribution from other insurance policies held by the Additional Insured for claims arising out of the named insured's operations or as defined in the policy contract.

A copy of the endorsement document is attached for your permanent records. Please ensure this document is kept with the original insurance policy.

If you have any questions regarding this endorsement or require further assistance, please contact our underwriting department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]