

[Date]

[Underwriter Name]

[Insurance Company Name]

[Address]

[City, State, Zip Code]

RE: Request for Primary and Non-Contributory Endorsement

Insured: [Your Company Name]

Policy Number: [Policy Number]

Project/Contract: [Project Name or Contract Number]

Dear [Underwriter Name],

We are writing to formally request a Primary and Non-Contributory Endorsement to be added to the above-referenced policy in favor of the following Additional Insured:

[Certificate Holder/Additional Insured Name]

[Address]

[City, State, Zip Code]

This request is made pursuant to the insurance requirements stipulated in the written contract between the Insured and the Additional Insured. We require this endorsement to ensure that our policy responds on a primary basis and will not seek contribution from the Additional Insured's own insurance coverage in the event of a loss arising out of our operations.

Please provide the formal endorsement or a revised Certificate of Insurance reflecting this status at your earliest convenience. If there are additional premiums or forms required to process this request, please notify us immediately.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]