

[Date]

[Recipient Name/Insurance Agency]

[Recipient Address]

[City, State, Zip Code]

RE: Verification of Insurance Endorsements

To Whom It May Concern,

Please accept this letter as a formal request to verify the insurance endorsements currently held by [Contractor Business Name], operating under license number [License Number].

As the General Contractor for the project located at [Project Address/Name], we require confirmation that the following endorsements are active on your current policy:

- **Additional Insured:** [Name of Entity to be Added]
- **Primary and Non-Contributory wording**
- **Waiver of Subrogation** in favor of the General Contractor and Owner
- **Completed Operations coverage**

Please provide a Certificate of Insurance (COI) along with the specific endorsement pages (form numbers [Insert Specific Form Numbers if applicable]) reflecting these requirements. These documents should be sent to [Email Address/Physical Address] by [Due Date].

Failure to provide this verification may result in a delay of site access or processing of payments.

Thank you for your prompt cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Phone Number]