

[Date]

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

RE: Evidence of Primary and Non-Contributory Additional Insured Status

Dear [Recipient Name],

This letter serves to confirm the insurance coverage status for [Your Company Name] regarding our agreement dated [Contract Date] for the project/services titled "[Project Name/Description]".

As required by our contract, we have instructed our insurance carrier, [Insurance Company Name], to add [Recipient Company Name] as an Additional Insured on our General Liability Policy, number [Policy Number].

We further confirm that this coverage is provided on a **Primary and Non-Contributory** basis. This means that our insurance policy will be the first to respond to a claim covered by this endorsement, and we will not seek contribution from any insurance policy maintained by [Recipient Company Name].

Please find the following documents attached for your records:

- Certificate of Insurance (COI)
- Additional Insured Endorsement Form [Form Number, e.g., CG 20 10]
- Primary and Non-Contributory Endorsement Form [Form Number, e.g., CG 20 01]

If you require any further documentation or have questions regarding these limits, please contact [Name of Contact] at [Phone Number/Email].

Sincerely,

[Signature]
[Your Name]
[Your Title]
[Your Company Name]