[Company Logo/Letterhead]

[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Approval of Ride-Share Coverage - Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your request to add Ride-Share Coverage to your auto insurance policy has been approved, effective [Effective Date].

Coverage Details:

- **Vehicle:** [Year, Make, Model]
- **VIN:** [Vehicle Identification Number]
- **Endorsement Type:** Ride-Share Transportation Network Provider (TNP) Coverage

This endorsement extends your personal auto coverage to protect you during "Period 1" (when you are logged into a ride-sharing application but have not yet accepted a ride request). Please note that once a ride is accepted or a passenger is in the vehicle, coverage is typically provided by the transportation network company's commercial policy.

An updated Policy Declarations page is enclosed with this letter. Please review it carefully to ensure all information is correct. Your new premium reflecting this change is [New Premium Amount], and your next billing statement will be updated accordingly.

If you have any questions or need to report a change in your ride-sharing status, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Underwriter/Agent Name]
[Title]
[Insurance Company Name]