[Insurance Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

Subject: Verification of Rideshare Endorsement

To Whom It May Concern,

This letter serves as official verification that the policyholder listed below has added a rideshare endorsement to their personal automobile insurance policy.

Policy Information:

- **Policyholder Name:** [Policyholder Full Name]
- **Policy Number:** [Policy Number]
- **Endorsement Effective Date:** [Start Date]
- **Policy Expiration Date:** [End Date]

Vehicle Information:

- **Year/Make/Model:** [Year] [Make] [Model]
- **Vehicle Identification Number (VIN):** [VIN Number]

Coverage Description:
The rideshare endorsement extends coverage to the policyholder while they are logged into a transportation network company (TNC) application and are available for hire (Period 1). This endorsement bridges the gap between personal auto coverage and the commercial coverage provided by the rideshare company.

Please note that this verification is subject to the terms, limits, and conditions of the underlying insurance policy.

If you have any questions or require further documentation, please contact our customer service department at [Phone Number].

Sincerely,

[Authorized Representative Name]
[Title]
[Insurance Company Name]