[Insurance Company Name]
[Policy Department]
[Street Address]
[City, State, Zip Code]

[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

Subject: Confirmation of Rideshare Network Driver Endorsement

Dear [Policyholder Name],

This letter serves as formal confirmation that the Rideshare Network Driver Endorsement has been added to your personal auto insurance policy, effective [Effective Date].

Policy Details:

- **Policy Number:** [Policy Number]
- **Endorsement Type:** Rideshare/Transportation Network Company (TNC) Coverage
- **Insured Vehicle:** [Year, Make, Model]
- **Vehicle Identification Number (VIN):** [VIN Number]

Coverage Overview:
This endorsement extends your personal auto coverage to include periods when you are logged into a rideshare application (such as Uber or Lyft) and are available to accept passengers, but have not yet accepted a ride request (often referred to as Period 1). This ensures there is no gap in coverage between your personal use and the commercial coverage provided by the Transportation Network Company.

Please keep a copy of this letter and your updated Policy Declarations Page in your vehicle as proof of insurance. It is your responsibility to notify us immediately if you cease rideshare activities or change the vehicle used for these services.

If you have any questions regarding your coverage limits or the terms of this endorsement, please contact your agent or our customer service department at [Phone Number].

Sincerely,

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