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

[Date]

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

Subject: Confirmation of Ride-Share Gap Coverage Endorsement

Dear [Policyholder Name],

This letter confirms that the Ride-Share Gap Coverage endorsement has been successfully added to your auto insurance policy, effective [Effective Date].

Policy Details:

- **Policy Number:** [Policy Number]
- **Vehicle Covered:** [Year, Make, Model]
- **Endorsement Type:** Transportation Network Company (TNC) Driver Coverage

Coverage Overview:

This endorsement is designed to provide coverage during "Period 1" of your ride-sharing activity. This is the time when your ride-share application is turned on and you are waiting for a ride request, but have not yet accepted a passenger.

Please note that once you accept a request (Period 2) and while a passenger is in your vehicle (Period 3), coverage is typically provided by the Ride-Share Company's insurance policy.

Please review your updated Policy Declarations page, which is attached to this letter, for specific limit details and any applicable deductibles. We recommend keeping a copy of this confirmation in your vehicle at all times.

If you have any questions regarding this endorsement or your policy in general, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Signature]
[Title]
[Company Name]