

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: Confirmation of Inland Marine Scheduled Equipment Coverage

Policy Number: [Policy Number]

Dear [Insured Contact Name],

This letter serves as formal confirmation that the equipment listed below has been added to your Inland Marine Scheduled Equipment floater, effective [Effective Date].

Scheduled Equipment Details:

- **Item Description:** [Year, Make, Model]
- **Serial/VIN Number:** [Number]
- **Limit of Insurance:** \$[Amount]
- **Deductible:** \$[Amount]

The coverage provided is subject to the terms, conditions, and exclusions outlined in your policy document. Please ensure that the "Limit of Insurance" stated above reflects the current replacement value or actual cash value as required by your specific policy form.

Please review this information carefully. If any corrections are needed or if you have any questions regarding your coverage, contact our office at [Phone Number].

Thank you for your business.

Sincerely,

[Agent Name]

[Agency/Company Name]

[Contact Information]