

[Company Letterhead]

[Date]

[Carrier Name]

[Carrier Address]

[City, State, Zip Code]

**RE: Approval of Inland Marine Scheduled Equipment Coverage**

To [Contact Person Name],

This letter serves as formal notification that your application for Inland Marine Scheduled Equipment coverage has been approved. Based on our review of the provided equipment schedule and safety protocols, we have authorized the following:

**Policy Number:** [Policy Number]

**Effective Date:** [Start Date]

**Total Scheduled Limit:** \$[Total Amount]

The items listed in the attached schedule are now covered for physical loss or damage as defined under the terms of the policy, subject to the applicable deductibles. Please ensure that any additions or deletions of equipment are reported to our office within [Number] days of acquisition or disposal to maintain accurate coverage.

Please find the enclosed certificate of insurance and the complete policy jacket for your records. If you have any questions regarding your coverage limits or the claims reporting process, please contact your account manager directly.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company/Agency Name]

Enclosure: Scheduled Equipment List