Date: [Date]

To: [Insured Name]
[Insured Address]
[City, State, Zip Code]

Subject: Binding Confirmation - Liquor Liability Endorsement

Policy Number: [Policy Number]
Effective Date of Endorsement: [Effective Date]
Insurance Carrier: [Carrier Name]

Dear [Insured Name or Contact Person],

This letter serves as formal confirmation that we have bound the Liquor Liability Addition Endorsement to your existing insurance policy, effective [Effective Date].

Endorsement Details:

- **Limit of Liability:** $[Amount] Per Occurrence / $[Amount] Aggregate
- **Additional Premium:** $[Amount]
- **Endorsement Number:** [Number, if applicable]

The coverage has been added based on the information provided in your application regarding your alcohol service operations. Please review the attached endorsement document carefully to understand the specific terms, conditions, and any exclusions that may apply.

An updated Declarations Page and the formal endorsement wording will be mailed to you shortly. If you have any questions regarding this coverage or if there are any changes to your business operations, please contact our office immediately.

Thank you for your business.

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]
[Email Address]