[Date]

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

Subject: Confirmation of Valuable Papers and Records Endorsement

Dear [Policyholder Name],

This letter serves as formal confirmation that the Valuable Papers and Records Endorsement has been added to your insurance policy, effective as of [Effective Date].

Policy Details:

- **Policy Number:** [Policy Number]
- **Endorsement Limit:** $[Amount]
- **Deductible:** $[Amount]

This endorsement provides coverage for the cost to research, assist, and restore medical records, patient files, and other critical legal or business documents belonging to [Facility Name] that are damaged or destroyed by a covered peril.

Please review the attached endorsement page for specific terms, conditions, and exclusions. We recommend storing a copy of this confirmation with your original policy documents in a secure, off-site location.

If you have any questions regarding this coverage or need to report a loss, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Agent Name]
[Insurance Company/Agency Name]