Date: [Insert Date]

[Insured Name]
[Address Line 1]
[Address Line 2]

Subject: Confirmation of Earthquake Coverage Endorsement Binder

Policy Number: [Insert Policy Number]
Property Location: [Insert Risk Address]
Effective Date: [Insert Effective Date]

Dear [Insured Name],

This letter serves as formal confirmation that an Earthquake Coverage Endorsement has been bound to the above-referenced insurance policy effective [Insert Time and Date].

Coverage Details:

- **Endorsement Type:** Earthquake and Volcanic Eruption
- **Limit of Insurance:** $[Insert Amount]
- **Deductible:** [Insert Percentage or Dollar Amount]
- **Binder Expiration Date:** [Insert Date]

This binder provides temporary evidence of coverage pending the issuance of the formal endorsement document by the carrier. All coverage is subject to the terms, conditions, and exclusions of the underlying policy and the specific earthquake endorsement form.

Please review this information for accuracy. If you have any questions or require modifications, please contact our office immediately.

Thank you for choosing [Agency/Company Name].

Sincerely,

[Agent Name]
[Title]
[Company Name]
[Phone Number]