

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Re: Confirmation of Employment Practices Liability Insurance (EPLI) Endorsement

Dear [Policyholder Name],

This letter serves as formal confirmation that an Employment Practices Liability Insurance (EPLI) endorsement has been added to your insurance policy, effective [Effective Date].

Policy Details:

- **Policy Number:** [Policy Number]
- **Endorsement Limit:** [Limit Amount, e.g., \$100,000]
- **Retention/Deductible:** [Deductible Amount]
- **Retroactive Date:** [Date]

This endorsement provides coverage for claims resulting from alleged wrongful employment acts, including but not limited to:

- Wrongful termination
- Discrimination
- Sexual harassment
- Retaliation
- Inappropriate workplace conduct

Please review the attached endorsement documentation carefully for specific terms, conditions, and exclusions. This confirmation letter does not amend, extend, or alter the coverage afforded by the policy itself.

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

Sincerely,

[Sender Name]

[Title]

[Company Name]