

[Company Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: Confirmation of Employment Practices Liability Insurance (EPLI) Endorsement
Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that Employment Practices Liability Insurance (EPLI) coverage has been successfully added to your existing Business Owners Policy (BOP), effective [Effective Date].

This endorsement provides protection for your business against claims brought by employees or third parties alleging wrongful acts, including but not limited to:

- Wrongful termination
- Discrimination
- Sexual harassment
- Retaliation
- Workplace torts

The specific limits and deductibles associated with this addition are as follows:

- EPLI Limit of Liability: \$[Amount]
- Deductible per Claim: \$[Amount]
- Additional Annual Premium: \$[Amount]

Please find the enclosed policy endorsement pages for your records. We recommend reviewing these documents carefully to understand the terms, conditions, and reporting requirements of this coverage.

If you have any questions or require further clarification regarding this change to your policy, please contact your agent at [Agent Phone Number] or [Agent Email].

Thank you for choosing [Company Name] for your business insurance needs.

Sincerely,

[Name/Signature]

[Title]

[Insurance Company/Agency Name]