

[Company Letterhead / Logo]

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

RE: Approval of Standalone Employment Practices Liability (EPL) Endorsement

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your request to add the Standalone Employment Practices Liability (EPL) Endorsement to your existing insurance program has been approved, effective [Effective Date].

This endorsement provides specialized coverage for claims resulting from the employment process, including but not limited to:

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

Summary of Endorsement Limits:

- Limit of Liability: \$[Amount]
- Deductible/Retention: \$[Amount]
- Additional Premium: \$[Amount]

Please find the attached endorsement document for your records. We encourage you to review the terms, conditions, and exclusions carefully to ensure you understand the scope of this coverage.

If you have any questions regarding this endorsement or wish to discuss your coverage further, please contact your agent or representative at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name of Underwriter/Representative]

[Title]

[Insurance Company Name]