

[Date]

[Insured Name]

[Address Line 1]

[City, State, Zip Code]

RE: Confirmation of Retroactive Date - Employment Practices Liability (EPL) Endorsement

Dear [Name of Insured/Contact Person],

We are writing to confirm the attachment of the Employment Practices Liability (EPL) Endorsement to your insurance policy, number [Policy Number], effective [Effective Date].

Please be advised that this endorsement is subject to a Retroactive Date. The confirmed Retroactive Date is:

Retroactive Date: [Insert Date]

This means that the policy provides coverage only for "wrongful acts" that occur on or after the Retroactive Date specified above. Any claims arising from incidents, acts, or omissions occurring prior to this date are not covered under this endorsement, regardless of when the claim is reported.

We recommend that you review this endorsement carefully and keep this confirmation with your policy documents. If you have any questions regarding how this date affects your coverage or if there are any discrepancies, please contact your agent or broker immediately.

Thank you for your business.

Sincerely,

[Sender Name]

[Title]

[Company Name]