

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Re: Endorsement - Third-Party Employment Practices Liability Coverage**

Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal notification that your insurance policy has been amended to include the Third-Party Employment Practices Liability (EPL) Coverage Endorsement, effective as of [Effective Date].

This endorsement extends your existing Employment Practices Liability coverage to include claims brought against your organization by "third parties," such as customers, clients, vendors, or independent contractors. It specifically addresses allegations regarding:

- Harassment (including sexual harassment)
- Discrimination based on protected classes (race, religion, age, sex, etc.)
- Civil rights violations

Please note that this coverage is subject to the specific limits, deductibles, and exclusions outlined in the attached endorsement schedule. This document should be kept with your original policy files.

We recommend reviewing the enclosed language carefully. If you have any questions regarding how this coverage applies to your business operations, please contact your insurance agent or account representative.

Sincerely,

[Underwriter Name/Signature]

[Insurance Company Name]

[Contact Information]