

[Date]

[Policyholder Name]

[Business Name]

[Address Line 1]

[Address Line 2]

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

Policy Number: [Policy Number]

Effective Date: [Endorsement Effective Date]

Dear [Policyholder Name],

This letter serves as formal confirmation that the Employment Practices Liability Insurance (EPLI) Endorsement has been successfully added to your small business insurance policy. This endorsement extends your coverage to protect your business against claims resulting from various employment-related disputes.

Coverage Highlights:

- **Coverage Limit:** \$[Limit Amount] per occurrence / \$[Aggregate Limit] aggregate
- **Deductible:** \$[Retention/Deductible Amount] per claim
- **Protected Acts:** Including, but not limited to, claims of wrongful termination, discrimination, sexual harassment, and retaliation.

Please review the attached endorsement documentation for specific terms, conditions, and any applicable exclusions. It is important to keep this confirmation with your original policy documents.

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

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

Sincerely,

[Agent/Representative Name]

[Title]

[Insurance Company/Agency Name]