

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Extended Reporting Period Endorsement

Policy Number: [Policy Number]
Carrier: [Insurance Carrier Name]
Coverage Type: Employment Practices Liability (EPL)

Dear [Insured Contact Name],

This letter serves as formal notification that an **Extended Reporting Period (ERP) Endorsement**, often referred to as "Tail Coverage," has been issued for the above-referenced Employment Practices Liability policy.

The details of this endorsement are as follows:

- **Effective Date of ERP:** [Start Date]
- **Expiration Date of ERP:** [End Date]
- **ERP Duration:** [Number of Months/Years]
- **Additional Premium:** [Amount Paid]

Scope of Coverage:

This endorsement extends the period during which you may report claims for "wrongful acts" that occurred **prior** to the policy cancellation/expiration date of [Policy Expiration Date], but after the established Retroactive Date. Please note that this endorsement does not provide coverage for any acts or incidents that occur after the policy expiration date.

Reporting Requirements:

All claims or potential incidents discovered during this extended period must be reported in writing immediately to [Carrier Name/Claims Department] in accordance with the reporting provisions outlined in your original policy document.

Please keep a copy of this endorsement with your permanent insurance records. If you have any questions regarding the terms or conditions of this coverage, please contact our office.

Sincerely,

[Broker/Agent Name]
[Agency Name]
[Phone Number]
[Email Address]