[Date]

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

RE: Confirmation of Tools and Equipment Floater Endorsement
Policy Number: [Policy Number]
Effective Date: [Effective Date]

Dear [Insured Name],

This letter serves as formal confirmation that the Tools and Equipment Floater Endorsement has been successfully added to your insurance policy, effective as of the date listed above.

This endorsement provides coverage for your mobile tools, machinery, and equipment while in transit or located at various job sites. The coverage details are as follows:

- **Total Limit of Insurance:** $[Amount]
- **Limit per Item (Unscheduled):** $[Amount]
- **Deductible:** $[Amount] per occurrence

Please find the attached updated Policy Declarations Page and the Endorsement Form for your records. We recommend reviewing these documents to ensure the limits and scheduled items accurately reflect your current inventory.

If you have any questions regarding this coverage or need to add specific high-value items to your schedule, please contact our office at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name]
[Title]
[Insurance Company/Agency Name]