[Date]

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

RE: Confirmation of Unscheduled Tools and Equipment Floater Endorsement

Policy Number: [Policy Number]

Dear [Insured Name],

This letter serves as formal confirmation that the Unscheduled Tools and Equipment Floater endorsement has been added to your insurance policy, effective [Effective Date].

Endorsement Details:

- **Coverage Type:** Unscheduled Tools and Equipment
- **Total Limit of Insurance:** $[Amount]
- **Limit Per Item:** $[Amount]
- **Deductible:** $[Amount]

This endorsement provides coverage for miscellaneous tools and mobile equipment used in your business operations that are not specifically listed or scheduled on your policy. Please note that individual items exceeding the "Limit Per Item" stated above may require specific scheduling to be fully covered.

Please review your updated policy documents carefully. All other terms, conditions, and exclusions of your original policy remain in effect.

If you have any questions regarding this coverage or need to report a change in your inventory value, please contact our office at [Phone Number].

Sincerely,

[Agent Name]
[Agency Name]