[Company Header/Logo]

[Date]

[Insured Name]
[Insured Address]
[City, State, Zip Code]

RE: Confirmation of Endorsement - Contractor Tools and Equipment Floater

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Insured Name],

This letter serves as formal confirmation that the Contractor 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. Below is a summary of the coverage limits and deductibles:

- **Scheduled Equipment Total Limit:** $[Amount]
- **Unscheduled Tools (Per Item Limit):** $[Amount]
- **Maximum Limit for Unscheduled Tools:** $[Amount]
- **Deductible:** $[Amount] per occurrence

Please review the attached endorsement document for full details regarding specific exclusions, valuation methods (Actual Cash Value or Replacement Cost), and territorial limits.

It is important to maintain an updated inventory of your tools and equipment. Please notify us promptly of any significant new purchases to ensure your coverage limits remain adequate.

If you have any questions regarding this endorsement or your policy in general, please contact your agent at [Phone Number] or via email at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

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

Enclosure: Contractor Tools and Equipment Floater Endorsement Schedule