

[Company Letterhead/Logo]

[Date]

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

RE: Protective Safeguards Endorsement Acknowledgment

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Insured Name],

We are writing to formally notify you that your insurance policy contains a **Protective Safeguards Endorsement**. This endorsement is a condition of your coverage and requires the maintenance of specific safety systems at your premises.

According to our records, the following safeguards must be in place and operational:

- [Description of Safeguard 1, e.g., Automatic Sprinkler System]
- [Description of Safeguard 2, e.g., Central Station Burglar Alarm]
- [Description of Safeguard 3, e.g., Automatic Fire Extinguishing System]

By signing this acknowledgment, you agree to maintain these systems in complete working order. You also agree to notify us immediately if any system becomes non-functional or is disconnected.

Important: Failure to maintain these safeguards or failure to notify us of their impairment may result in a denial of coverage in the event of a loss.

Please sign and return a copy of this letter to our office by [Due Date].

Sincerely,

[Agent/Broker Name]
[Agency Name]

Acknowledgment

I, [Name of Authorized Representative], hereby acknowledge that I have read and understand the requirements of the Protective Safeguards Endorsement attached to my policy. I confirm that the systems listed above are currently installed and operational.

Signature: _____

Date: _____