

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

Re: Annual Renewal - Protective Safeguards Endorsement Acknowledgment

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Insured Name],

As part of your insurance policy renewal, we are writing to remind you that your coverage is subject to a Protective Safeguards Endorsement. This endorsement is a condition of your insurance coverage and requires the continuous maintenance of specific safety systems at your premises.

By renewing this policy, you acknowledge and agree that the following protective systems are installed and will be maintained in complete working order throughout the policy term:

- [Symbol/Type: e.g., Automatic Sprinkler System]
- [Symbol/Type: e.g., Automatic Fire Alarm]
- [Symbol/Type: e.g., Security Alarm System]
- [Symbol/Type: e.g., Hood and Duct Extinguishing System]

Please be advised that insurance coverage may be suspended or claims may be denied if you fail to:

1. Maintain these systems in complete working order.
2. Notify us immediately if any system is disconnected, suspended, or not fully operational.

Please sign and return this acknowledgment form to confirm your understanding of these requirements for the upcoming policy period.

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Signature of Insured / Authorized Representative

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Date

Sincerely,

[Broker/Agent Name]

[Agency Name]