

[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],

Thank you for choosing [Insurance Company Name] for your insurance needs. We are writing to notify you that your policy includes a **Protective Safeguards Endorsement**.

This endorsement is a condition of your coverage. It requires you to maintain specific safety systems on your premises. According to your policy, the following safeguards must be in place and operational:

- [Safeguard 1: e.g., Automatic Sprinkler System]
- [Safeguard 2: e.g., Central Station Burglar Alarm]
- [Safeguard 3: e.g., Commercial Cooking Exhaust Hood and Duct System]

**Your Responsibilities:**

- Maintain these systems in complete working order at all times.
- Ensure all service contracts for these systems remain active.
- Notify us immediately if any system is disconnected, impaired, or taken out of service.

**Important Notice:** Please be advised that failure to maintain these protective safeguards or failure to notify us of their suspension may result in the denial of a claim or the cancellation of your policy.

Please sign and return the enclosed copy of this letter to acknowledge that you understand these requirements.

Sincerely,

[Agent/Underwriter Name]  
[Company Name]

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**Acknowledgment:**

I acknowledge that I have read and understand the Protective Safeguards Endorsement requirements for Policy [Policy Number].

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Signature of Insured

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Date