

[Date]

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

**RE: Acknowledgment of Video Surveillance Protective Safeguards Endorsement**

Policy Number: [Policy Number]

Dear [Insured Name],

We are writing to formally acknowledge the addition of the Video Surveillance Protective Safeguards Endorsement to your insurance policy, effective [Effective Date].

By accepting this endorsement, you agree to maintain a functional video surveillance system at the insured premises located at [Property Address] as a condition of your coverage. Please be advised of the following requirements:

- The system must remain in continuous operation 24 hours a day.
- Cameras must be positioned to monitor all required entry points and interior areas as specified in your application.
- Recorded footage must be maintained and stored for a minimum of [Number] days.
- The system must be kept in good working order through regular maintenance and testing.

Please note that failure to maintain the video surveillance system in accordance with the terms of this endorsement may result in a denial of coverage in the event of a claim. It is your responsibility to notify us immediately if the system becomes inoperative or is removed.

Please sign and return a copy of this letter to confirm your understanding and receipt of this endorsement.

Sincerely,

[Underwriter Name]  
[Insurance Company Name]

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**Insured Acknowledgment:**

I acknowledge that I have read and understand the requirements of the Video Surveillance Protective Safeguards Endorsement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_