

**Date:** [Insert Date]

**To:** [Policyholder Name]

**Company:** [Company Name]

**Address:** [Street Address, City, State, Zip]

**Subject: Binder Agreement: Commercial Fleet Expansion Coverage**

Dear [Name of Contact],

This letter serves as a formal binder confirming that temporary insurance coverage is in effect for the additional vehicles added to your commercial fleet as detailed below.

### 1. Policy Information

- **Policy Number:** [Existing Policy Number]
- **Binder Effective Date:** [Start Date/Time]
- **Binder Expiration Date:** [End Date/Time - Usually 30 days]
- **Insurer:** [Insurance Company Name]

### 2. Added Vehicles

The following units are now covered under the terms and conditions of the master policy:

- [Year, Make, Model] - VIN: [Insert VIN 1]
- [Year, Make, Model] - VIN: [Insert VIN 2]
- [Year, Make, Model] - VIN: [Insert VIN 3]

### 3. Coverage Limits and Deductibles

The coverage provided for these additions matches your existing fleet schedule, including:

- **Combined Single Limit (Liability):** \$[Amount]
- **Comprehensive Deductible:** \$[Amount]
- **Collision Deductible:** \$[Amount]
- **Uninsured/Underinsured Motorist:** \$[Amount]

### 4. Terms

This binder is issued pending the formal endorsement of the policy and the issuance of final identification cards. This agreement is subject to all terms, conditions, and exclusions of the existing Commercial Auto Policy held by [Company Name].

Please review this document for accuracy. If you have any questions or if additional units are acquired, please contact our office immediately.

Sincerely,

[Signature]

[Agent Name]

[Agency Name]

[Phone Number]