

[Date]

[Insurance Provider Name]

[Address]

[City, State, Zip Code]

Re: Confirmation of Key Person Life Insurance Coverage

To whom it may concern,

This letter serves to confirm that [Company Name] (the "Company") has applied for and/or obtained Key Person Life Insurance policies as required by the terms of the Series [Letter] Preferred Stock Purchase Agreement dated [Date].

The following individuals have been identified as Key Persons:

- [Key Person Name 1], [Title] - Coverage Amount: \$[Amount]
- [Key Person Name 2], [Title] - Coverage Amount: \$[Amount]

Please find the following details regarding the policy:

- **Policy Number:** [Number]
- **Beneficiary:** [Company Name]
- **Policy Term:** [Number of Years]

The Company agrees to maintain these policies in full force and effect as long as required by our investors, [Venture Capital Firm Name]. We will provide notice to the investors at least thirty (30) days prior to any cancellation or material change to these policies.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]

Acknowledgment by Venture Capital Firm:

[Signature of VC Representative]

[Printed Name]

[Title]

[Date]