[Date]

[Certificate Holder Name]
[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Confirmation of Additional Insured Status

Dear [Contact Name],

This letter serves as formal confirmation that **[Company Name]** has been added as an Additional Insured under the General Liability insurance policy of **[Policyholder/Insured Name]**.

Policy Details:

- **Insurance Carrier:** [Carrier Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]

This coverage has been amended to include your organization as an Additional Insured specifically regarding operations performed by the insured or as required by written contract. Please find the attached Certificate of Insurance (COI) and the specific policy endorsement page for your records.

If you have any questions regarding this coverage or require further documentation, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Sender Name]
[Title]
[Agency/Company Name]