[Current Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Confirmation of Additional Insured Addition

Dear [Contact Name],

This letter serves as formal confirmation that the following entity has been added as an Additional Insured to your Commercial Auto Insurance policy:

Policy Number: [Policy Number]
Additional Insured Name: [Name of Entity Added]
Effective Date: [Start Date]

The coverage provided to the Additional Insured is subject to the terms, conditions, and exclusions of the original insurance policy. This addition has been processed in accordance with your request dated [Date of Request].

Please find the updated Certificate of Insurance and the Endorsement page attached for your records.

If you have any questions regarding this update or require further assistance, please contact your insurance representative at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]