[Date]

[Contractor Name]
[Contractor Company Name]
[Contractor Address]
[City, State, Zip Code]

Subject: Confirmation of Additional Insured Status

Dear [Contractor Name],

This letter serves as formal confirmation that [Your Company Name] has been successfully added as an **Additional Insured** to your [Policy Type, e.g., General Liability] insurance policy, number [Policy Number], effective as of [Start Date].

We have received and reviewed the Certificate of Insurance (COI) and the accompanying endorsement provided by your insurance carrier. We confirm that the coverage meets the requirements set forth in our Independent Contractor Agreement dated [Date of Agreement].

Please ensure that this coverage remains in effect for the duration of your contract. We also require that you notify us in writing at least [Number] days prior to any cancellation or material change in the policy terms.

Thank you for your cooperation in this matter. We look forward to our continued professional relationship.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]