[Date]

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

Subject: Confirmation of Additional Insured Status

Dear [Contact Name],

This letter serves as formal confirmation that [Your Company Name] has been successfully added as an Additional Insured under your [Type of Policy, e.g., General Liability] insurance policy, as required by our agreement dated [Contract Date].

We have received and reviewed the Certificate of Insurance (COI) and the accompanying endorsement provided by your agency. Our records now reflect the following coverage details:

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

Please ensure that any future renewals or modifications to this policy are communicated to our procurement department at least [Number] days prior to the expiration date to maintain compliance with our vendor requirements.

Thank you for your cooperation in this matter.

Sincerely,

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