[Date]

[Recipient Name]
[Recipient Title]
[Prime Contractor Company Name]
[Address Line 1]
[Address Line 2]

RE: Confirmation of Additional Insured Status

Project Name: [Project Name / Contract Number]

Dear [Recipient Name],

This letter serves as formal confirmation that [Subcontractor Company Name] has added [Prime Contractor Company Name] and [Project Owner Name, if applicable] as Additional Insureds on our commercial general liability insurance policy, as required by the subcontract agreement dated [Date of Contract].

The coverage provided to the Additional Insureds is primary and non-contributory. Attached to this letter, please find the following documentation:

- Updated Certificate of Liability Insurance (COI)
- Copy of the Additional Insured Endorsement (Form [Form Number, e.g., CG 20 10])

Please review the attached documents to ensure they meet your specific compliance requirements. If you have any questions or require further information regarding our insurance coverage, please contact [Name of Contact] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Subcontractor Company Name]