[Date]

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

RE: Confirmation of Additional Insured Status

To Whom It May Concern,

This letter serves as formal confirmation that **[Lender Name]** has been added as an **Additional Insured** and **Loss Payee** on the insurance policy listed below:

- **Policyholder Name:** [Borrower Name]
- **Policy Number:** [Policy Number]
- **Insurance Company:** [Insurance Carrier Name]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]
- **Collateral/Property Description:** [Address or Vehicle Description]

The coverage includes [General Liability / Property Damage / Physical Damage] as required by the financing agreement. We have updated our records to ensure that [Lender Name] will receive prior written notice in the event of any policy cancellation, non-renewal, or material changes to the coverage.

Please find the attached Certificate of Insurance (COI) and the specific Endorsement page reflecting your status as an Additional Insured.

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

Sincerely,

[Signature]
[Name of Insurance Agent/Representative]
[Agency Name]