[Date]

[Franchisee Name / Business Name]
[Franchisee Address]
[City, State, Zip Code]

**Subject: Confirmation of Additional Insured Status**

Dear [Franchisee Name],

This letter serves as formal confirmation that **[Corporate Franchisor Name]**, including its officers, directors, and employees, has been successfully added as an **Additional Insured** to your commercial insurance policies as required by the Franchise Agreement.

We have received and reviewed the Certificate of Insurance (COI) provided for the following policy:

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

Please ensure that all future renewals or modifications to your insurance coverage continue to name [Corporate Franchisor Name] as an Additional Insured. Updated Certificates of Insurance should be forwarded to our compliance department at [Email Address/Portal] at least fifteen (15) days prior to the expiration of the current term.

Thank you for your prompt cooperation in meeting these contractual obligations.

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Corporate Franchisor Name]