[Date]

[Municipality Department Name]
[Attention: Risk Management/Department Head]
[Street Address]
[City, State, Zip Code]

RE: Confirmation of Additional Insured Status

Dear [Contact Name],

This letter serves to formally confirm that **[Municipality Name]**, including its elected officials, officers, employees, and agents, has been added as an Additional Insured under the insurance policy/policies listed below:

Entity Insured: [Company/Contractor Name]
Policy Number: [Policy Number]
Insurance Carrier: [Carrier Name]
Effective Dates: [Start Date] to [End Date]
Coverage Type: [e.g., Commercial General Liability]

This endorsement is provided in connection with **[Project Name, Contract Number, or Permit Reference]**. As an Additional Insured, the Municipality is entitled to coverage for claims arising out of the operations or actions of [Company/Contractor Name] as specified in the policy endorsement.

A Certificate of Insurance (COI) and a copy of the specific Additional Insured Endorsement are attached to this letter for your records.

Should there be any cancellation or material change to this policy, the Municipality will be notified within [Number] days in accordance with the policy provisions.

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

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Company/Agency Name]

Enclosures: Certificate of Insurance, Additional Insured Endorsement