

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Confirmation of Additional Insured Endorsement

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Name of Contact Person],

This letter serves as formal confirmation that the request to add an Additional Insured to your Commercial General Liability policy has been processed and completed.

The following entity has been added as an Additional Insured under the policy referenced above:

Additional Insured Name: [Name of Entity Added]

Address: [Address of Entity Added]

Endorsement Type: [e.g., Ongoing Operations / Completed Operations]

Coverage for the Additional Insured is subject to the terms, conditions, and exclusions of the primary policy. This endorsement will remain in effect until the expiration of the current policy period unless canceled or amended in writing.

Attached to this letter, please find the Certificate of Insurance (COI) and the specific policy rider/endorsement page for your records. We recommend providing a copy of these documents to the Additional Insured as proof of coverage.

If you have any questions regarding this endorsement or your policy coverage, please contact your insurance agent or our customer service department at [Phone Number].

Sincerely,

[Name of Sender]

[Title]

[Insurance Company/Agency Name]

Enclosure: Certificate of Insurance, Policy Endorsement Page