[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Addition of Lienholder to Policy #[Your Policy Number]

To Whom It May Concern,

I am writing to formally request the addition of a lienholder to my existing insurance policy, effective immediately. Please update my policy records to include the following entity as a loss payee/additional insured:

Lienholder Details:
Name of Institution: [Lienholder Name]
Mailing Address: [Lienholder Address]
City, State, Zip Code: [Lienholder City, State, Zip Code]
Loan/Account Number: [Your Loan Number]

Asset Information:
[Year, Make, and Model of Vehicle or Property Address]
VIN or Property ID: [Identification Number]

Please provide a revised Certificate of Insurance or an updated Declarations Page reflecting this change. A copy should be sent to me at my address above and to the lienholder at the address provided.

If you require any further documentation or have questions regarding this request, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]