[Date]

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

RE: Notice of Policy Endorsement and Lienholder Confirmation

Policy Number: [Policy Number]
Insured Name: [Insured Name]
Collateral/Asset: [Year, Make, Model, VIN or Property Address]

Dear [Lienholder Contact Name or Department],

This letter serves as formal notification that the above-referenced insurance policy has been updated to include [Lienholder Name] as a Loss Payee/Lienholder, effective as of [Effective Date].

Please find the enclosed Certificate of Insurance and the specific Policy Endorsement page reflecting your interest in the covered asset. The coverage limits and deductibles are as follows:

- Comprehensive/Physical Damage Deductible: [Amount]
- Collision Deductible: [Amount]
- Policy Expiration Date: [Date]

We confirm that [Lienholder Name] will receive prior written notice in the event of any material change, cancellation, or non-renewal of this policy, in accordance with policy provisions and state regulations.

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

Sincerely,

[Agent/Representative Name]
[Insurance Agency/Company Name]
[Phone Number]