Date: [Insert Date]

To: [Insurance Company Name]
Address: [Insurance Company Address]
City, State, Zip: [City, State, Zip]

Subject: Request to Add Loss Payee / Lienholder to Policy #[Insert Policy Number]

To Whom It May Concern,

Please update my insurance policy to include the following entity as a Loss Payee and Lienholder:

Lienholder Name: [Insert Financial Institution Name]
Mailing Address: [Insert Institution Address]
City, State, Zip: [City, State, Zip]

Asset Information:
Year/Make/Model: [Insert Vehicle/Property Description]
VIN / Serial Number: [Insert VIN or Serial Number]
Loan/Account Number: [Insert Loan Account Number]

Please issue an updated Certificate of Insurance or Declarations Page reflecting this change and send a copy to both myself and the lienholder listed above.

If you have any questions, please contact me at [Insert Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Mailing Address]