Date: [Current Date]

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

From:
[Insurance Agency/Company Name]
[Agent Name]
[Phone Number]

RE: Insurance Binder and Lienholder Confirmation

Insured Party: [Insured Name(s)]

Policy/Binder Number: [Number]

Effective Date: [Start Date]

Expiration Date: [End Date]

Collateral Description:
Year/Make/Model: [Year, Make, Model]
VIN/Serial Number: [VIN/Serial Number]

This letter serves as official confirmation that the above-referenced property is currently covered under a temporary insurance binder. [Lienholder Name] has been added as the Loss Payee and Lienholder as their interest may appear.

Coverage Limits:

- Comprehensive: [Amount/Deductible]
- Collision: [Amount/Deductible]
- Liability: [Amount]

The formal policy documentation and declarations page will be issued and mailed to your attention within [Number] days. This binder remains in effect until the policy is issued or until the expiration date noted above, whichever occurs first.

Please update your records to reflect [Lienholder Name] as the primary lienholder for this asset. If you have any questions, please contact our office directly.

Sincerely,

[Authorized Signature]

[Printed Name and Title]