

[Date]

[Lienholder Name]

[Lienholder Address]

[City, State, Zip Code]

RE: Evidence of Insurance / Policy Delivery

Insured: [Borrower/Company Name]

Policy Number: [Policy Number]

Effective Dates: [Start Date] to [End Date]

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

To Whom It May Concern,

Enclosed please find the insurance policy documentation for the commercial equipment referenced above, naming [Lienholder Name] as Loss Payee.

This policy provides the required coverage for the financed equipment, including:

- Physical Damage (Comprehensive and Collision)
- Loss Payee / Lienholder Clause

Please update your records to reflect that the insurance requirements for this account have been met. If you require further documentation or have any questions regarding the coverage limits, please contact our agency at [Phone Number] or [Email Address].

Sincerely,

[Agent Name/Agency Name]

[Title]

[Phone Number]