[Date]

[Insurance Company Name]
[Policy Department]
[Street Address]
[City, State, Zip Code]

RE: Verification of Rideshare Gap Coverage / Endorsement

To Whom It May Concern,

This letter serves to verify the insurance coverage details for the following policyholder:

- **Policyholder Name:** [Full Name]
- **Policy Number:** [Policy Number]
- **Vehicle Description:** [Year, Make, Model]
- **Vehicle VIN:** [VIN Number]

I am writing to confirm that the above-referenced personal automobile insurance policy includes a **Rideshare Endorsement** (also known as Gap Coverage). This endorsement specifically provides coverage during "Period 1" of rideshare activity, which occurs when the driver is logged into a Transportation Network Company (TNC) application and is available for requests, but has not yet accepted a specific trip or passenger.

Coverage Details:

- **Endorsement Type:** [e.g., Transportation Network Company Driver Endorsement]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]

This coverage ensures that there is no lapse in protection between the driver's personal insurance limits and the commercial insurance provided by the TNC platform.

Should you require further documentation or have questions regarding the specifics of this endorsement, please contact my office at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Agent Name or Authorized Representative]
[Agency Name]