Date: [Current Date]

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

Subject: Acceptance of Rideshare Independent Contractor Gap Coverage

Dear [Agent Name or Customer Service Department],

I am writing to formally accept the Rideshare Independent Contractor Gap Coverage endorsement for my auto insurance policy, number [Your Policy Number].

I understand that this coverage is specifically designed to bridge the insurance gap between my personal auto insurance policy and the commercial insurance provided by the Transportation Network Company (TNC) while I am logged into a rideshare application but have not yet accepted a ride request (Period 1).

I acknowledge the following:

- The additional premium amount of $[Amount] per [billing period].
- The coverage effective date of [Start Date].
- That I must notify the company immediately if my status as an independent contractor changes.

Please update my policy records and provide me with an updated Proof of Insurance card reflecting this endorsement.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Phone Number]
[Your Email Address]