

Date: [Insert Date]

To:

[Client Name/Company Name]

[Client Address]

[City, State, Zip Code]

Subject: Binding Confirmation - Commercial Delivery Fleet Expansion

Dear [Contact Person Name],

This letter serves as formal confirmation that insurance coverage for your commercial delivery fleet expansion has been bound effective [**Start Date**] at [**Time**].

Coverage Summary:

- **Policy Number:** [Insert Policy Number]
- **Carrier:** [Insert Insurance Company Name]
- **Policy Period:** [Start Date] to [End Date]
- **Total Number of Added Vehicles:** [Insert Quantity]
- **Coverage Types:** [e.g., Comprehensive, Collision, Liability, Cargo]

Bound Limits & Deductibles:

- Combined Single Limit (CSL): \$[Amount]
- Comprehensive Deductible: \$[Amount]
- Collision Deductible: \$[Amount]

The updated schedule of vehicles and drivers provided on [Date] is now officially included under the policy. Please ensure all new vehicles are equipped with the required safety equipment as per the terms of our agreement.

A formal policy endorsement and updated Insurance Identification Cards will be dispatched to your office within [Number] business days. Please review the attached binder for specific terms, conditions, and exclusions.

If you have any questions or require further modifications to your fleet schedule, please contact us immediately.

Sincerely,

[Your Name/Agent Name]

[Title]

[Agency Name]

[Phone Number]