

Letter of Acknowledgment

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Company Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to confirm the receipt of your request for additional insured status under our insurance policy.

We understand the importance of this request, and our team is currently processing it. Should we require any further information to complete this process, we will reach out to you promptly.

Please allow up to [Insert Timeframe] for processing. We appreciate your patience during this time.

If you have any questions, feel free to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]