# Additional Insured Request

Date: [Insert Date]

[Your Name]
[Your Position]
[Your Company Name]
[Your Company Address]
[City, State, Zip Code]

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

Dear [Insurance Agent's Name],

I am writing to request the addition of [Additional Insured Name] as an additional insured on our policy [Policy Number] for the coverage period of [Start Date] to [End Date]. This request is made in connection with [Brief Description of the Project/Contract].

Details of the additional insured:

- Name: [Additional Insured Name]
- Address: [Additional Insured Address]
- Relationship to the Project: [Specify Relationship]

Attached you will find the necessary documentation to support this request.

Please confirm the addition of [Additional Insured Name] to our policy at your earliest convenience. If you have any questions, do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]
[Your Contact Information]