

Application for Additional Insured Endorsement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Application for Additional Insured Endorsement on Policy [Policy Number]

Dear [Insurance Agent's Name],

I am writing to formally request an additional insured endorsement on my current insurance policy, numbered [Policy Number].

The additional insured is [Name of Additional Insured] with the following details:

[Additional Insured Address]

[City, State, Zip Code]

This endorsement is necessary due to [brief explanation of the reason for endorsement, e.g., a contractual requirement, partnership agreement, etc.].

Attached are any necessary documents to assist with this request. If you need any more information or documentation, please let me know as soon as possible.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]