

Confirmation of Additional Insured Inclusion

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Recipient's Company Name]

[Recipient's Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm the inclusion of additional insured status on your policy number [Insert Policy Number].

This confirmation is effective as of [Insert Effective Date] and covers [Insert Description of Coverage]. As an additional insured, the following parties are included:

- [Name of Additional Insured Party 1]
- [Name of Additional Insured Party 2]
- [Name of Additional Insured Party 3]

Please feel free to reach out if you have any questions or require further information.

Thank you for your continued trust in us.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]