

Additional Insured Coverage Documentation

Date: [Insert Date]

To: [Insert Recipient's Name]

[Insert Recipient's Address]

[Insert City, State, Zip]

Dear [Recipient's Name],

We are writing to inform you that [Insured's Name] has taken steps to add you as an additional insured to our insurance policy effective [Insert Effective Date]. This action is taken in accordance with our contractual obligations and is intended to provide you with coverage for any claims that may arise from our operations.

The policy details are as follows:

- **Insured Name:** [Insured's Name]
- **Insurance Company:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Effective Date:** [Effective Date]
- **Additional Insured Name:** [Recipient's Name]

Please retain this letter for your records. If you have any questions or require further documentation, do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]