Formal Request to Add Additional Insured

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Agent's Name],

I am writing to formally request the addition of an additional insured to my current insurance policy, [Policy Number], held with your company.

The additional insured I would like to add is:

[Name of Additional Insured]
[Address of Additional Insured]
[City, State, Zip Code]

This request is made in accordance with the requirements of [provide reason, e.g., a contract, leasing agreement, etc.]. Please let me know if you require any further information or documentation to process this request.

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

Sincerely,

[Your Name]