

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name],

Subject: Intent to Name Additional Insured on Policy

I am writing to formally request that [Name of Additional Insured] be added as an additional insured on my current insurance policy, [Policy Number]. This request is in relation to [Brief Explanation of Relationship or Event].

Details of the Additional Insured:

Name: [Name of Additional Insured]

Address: [Address of Additional Insured]

Please let me know if you require any further information or documentation to process this request. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]