

Date: [Insert Date]

To: [Insert Name]

[Insert Address]

[Insert City, State, ZIP Code]

Subject: Notification of Additional Insured Status

Dear [Insert Name],

We would like to inform you that [Insert Company Name] has added you as an additional insured on our insurance policy [Insert Policy Number], effective [Insert Effective Date].

This additional insured status provides you with certain protections under our insurance coverage pertaining to [Insert Description of Coverage]. It is important you understand the extent of coverage provided under this designation.

If you have any questions or need further clarification regarding this notification, please feel free to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Insert Your Name]

[Insert Your Position]

[Insert Company Name]

[Insert Company Address]

[Insert City, State, ZIP Code]

[Insert Phone Number]

[Insert Email Address]