

[Date]

[Recipient Name]  
[Recipient Title/Position]  
[Company Name]  
[Address Line 1]  
[Address Line 2]  
[City, State ZIP Code]

**Re: Named Insured Addition Endorsement Request**

Dear [Recipient Name],

We are writing to formally request the addition of a named insured to our current insurance policy [Policy Number]. We require that the following individual/entity be listed as an additional named insured effective immediately:

**Additional Named Insured:** [Name of Additional Insured]  
**Address:** [Address of Additional Insured]

Please update the policy documentation accordingly and provide us with the necessary endorsement indicating this change. Should you require additional information or documentation to process this request, kindly let us know.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Company Name]  
[Phone Number]  
[Email Address]