

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Approval of Endorsement for Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to formally notify you that your request to amend your automobile insurance policy has been approved. The requested changes are now active and have been added to your policy as an endorsement.

Summary of Changes:

- **Endorsement Type:** [e.g., Vehicle Addition, Coverage Limit Change, Driver Update]
- **Effective Date:** [Date]
- **Description of Change:** [Brief details of the modification]

Please find the attached updated Policy Declarations page, which reflects these changes and any adjustments to your premium. We recommend that you review these documents carefully and keep them with your original policy records.

If the modification resulted in a change to your premium, the updated billing amount will be reflected in your next statement scheduled for [Date].

If you have any questions regarding this endorsement or your coverage, please contact your agent at [Agent Phone Number] or our customer service department at [Customer Service Number].

Thank you for choosing [Company Name] for your auto insurance needs.

Sincerely,

[Name of Representative/Underwriter]
[Title]
[Company Name]