

[Date]

[Insured Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**Subject: Notification of Policy Endorsement Rejection**

Dear [Insured Name],

We are writing to formally notify you regarding your recent request for an endorsement to your insurance policy, [Policy Number], received on [Date of Request].

After a thorough review of the requested changes, we regret to inform you that we are unable to approve this endorsement at this time. This decision was based on the following reason(s):

- [Insert Reason 1]
- [Insert Reason 2]

Please note that your current policy coverage remains in effect as originally issued. No changes have been made to your premium or terms as a result of this rejection.

If you have additional documentation or information that may lead us to reconsider this decision, or if you have any questions regarding this notification, please contact your agent or our customer service department at [Phone Number].

Thank you for your continued business.

Sincerely,

[Sender Name]  
[Title]  
[Company Name]