

[Current Date]

[Insurance Company Name / Policy Provider]

[Department Name]

[Street Address]

[City, State, Zip Code]

RE: Declaration of New Policy Exclusion

Policy Number: [Your Policy Number]

Insured Name: [Your Name / Company Name]

Dear [Contact Name or Underwriting Department],

I am writing to formally declare and acknowledge the addition of a new exclusion to the above-referenced insurance policy, effective as of [Effective Date].

The specific exclusion being added is as follows:

[Insert detailed description of the exclusion or reference the specific Endorsement Number].

By signing this letter, I confirm that I have reviewed the terms of this exclusion and understand that [Insurance Company Name] will not provide coverage, defense, or indemnification for any claims, losses, or damages arising from the activities or conditions described in this exclusion.

I acknowledge that all other terms, conditions, and provisions of the original policy remain in full force and effect.

Please update my policy records accordingly and provide a formal endorsement reflecting this change.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title, if applicable]

[Phone Number]

[Email Address]