

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Notice of Incomplete Officer Exclusion Form - Missing Signature(s)**

Dear [Contact Person Name],

We have received your Officer Exclusion Form regarding policy number [Policy Number]. However, we are unable to process this request because the following signature(s) are missing:

- Signature of Executive Officer(s) being excluded
- Signature of Company Representative/Witness
- Notary Signature/Seal (if applicable)

To ensure that the specified officers are correctly excluded from coverage and that your premium is calculated accurately, please sign the attached document where indicated and return it to our office.

You may return the completed form via:

- **Email:** [Email Address]
- **Fax:** [Fax Number]
- **Mail:** [Mailing Address]

Please provide the signed document by [Deadline Date] to avoid any delays in policy processing or adjustments. If you have already sent the signed copy, please disregard this notice.

If you have any questions, please contact [Department Name] at [Phone Number].

Sincerely,

[Sender Name]

[Title]

[Company Name]