

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Carrier Name]
[Underwriting Department]
[Carrier Address]
[City, State, Zip Code]

RE: Request for Officer Exclusion Endorsement

Policyholder: [Insured Business Name]

Policy Number: [Policy Number]

Effective Date: [Effective Date]

To Whom It May Concern,

Please find the enclosed documentation requesting an Officer Exclusion Endorsement for the above-referenced policy.

The following individual(s) have elected to be excluded from coverage under this policy:

- [Officer Name 1], [Title]
- [Officer Name 2], [Title]

Enclosed are the signed state-specific waiver forms and/or the formal "Election to be Excluded" documents as required by your company and state regulations. We request that the policy premium be adjusted accordingly to reflect these exclusions.

Please process this endorsement and provide us with a revised declarations page or a formal endorsement copy for our records. If you require any additional information or have questions regarding this request, please contact me directly.

Thank you for your assistance.

Sincerely,

[Agent Name]
[Agent Title]
[Agency Name]

Enclosures: [List signed waiver forms]