

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Acknowledgment of Approved Officer Exclusion Endorsement

Policy Number: [Policy Number]

Dear [Policyholder Name/Contact Person],

We are writing to formally acknowledge the receipt and approval of the Officer Exclusion Endorsement for the above-referenced insurance policy. As requested, the following individual(s) have been excluded from coverage under this policy:

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

This endorsement is effective as of [Effective Date]. Please be advised that by excluding these officers, the insurance carrier is not liable for any claims, benefits, or liabilities arising from injuries sustained by these individuals in the course of their employment.

We have attached the formal endorsement page for your records. Please review this document carefully to ensure all information is accurate. If you have any questions or require further modifications to your policy, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]