URGENT: ACTION REQUIRED BY [Insert Deadline Date]

[Date]

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

RE: Urgent Signature Required - Policy Endorsement for Policy #[Policy Number]

Dear [Client Name],

We are writing to inform you of a necessary modification to your commercial insurance policy. The attached endorsement [Endorsement Number/Name] requires your immediate review and signature to ensure your coverage remains compliant and up to date.

Description of Change:
[Briefly describe the change, e.g., Addition of New Location, Change in Limits, or Premium Adjustment].

Please follow these steps to complete this request:

- Review the attached document thoroughly.
- Sign and date the document where indicated.
- Return the signed copy via [Email/Portal/Mail] no later than [Deadline Date].

Failure to return the signed endorsement by the deadline may result in [mention consequences, e.g., a lapse in specific coverage or policy cancellation].

If you have any questions regarding these changes or how they affect your premium, please contact our office immediately at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Agent Name]
[Agency Name]
[Contact Information]