[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

RE: Signature Required for Personal Auto Policy Endorsement
Policy Number: [Policy Number]

Dear [Policyholder Name],

We recently processed the requested change(s) to your personal auto insurance policy. To finalize this endorsement and ensure your coverage remains accurate, we require your signature on the attached document(s).

Action Required:

- Review the attached Endorsement Form: [Form Name/Number].
- Sign and date where indicated.
- Return the signed copy by [Due Date] using the enclosed envelope or by scanning and emailing it to [Email Address].

Please note that failure to return the signed document may result in the cancellation of the requested change or an impact on your policy status.

If you have any questions regarding these changes or your policy in general, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]