[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Subject: Action Required: Signature for Policy Endorsement - Policy #[Policy Number]

Dear [Policyholder Name],

As requested, we have processed the changes to your homeowners insurance policy. These changes are detailed in the attached Endorsement document.

To finalize these updates and ensure your coverage remains accurate, we require your signature on the enclosed form. Please review the changes carefully to ensure they reflect your requested adjustments to your [Coverage Limits / Deductibles / Property Details].

Next Steps:

- Review the attached Endorsement document.
- Sign and date the signature line where indicated.
- Return the signed copy to our office by [Date] via [Email/Mail/Fax].

Once we receive the signed document, the changes will be officially applied to your policy record. Please note that these changes may result in a premium adjustment, which will be reflected in your next billing statement.

If you have any questions or noticed any discrepancies in the documents, please contact me directly at [Phone Number] or [Email Address].

Thank you for choosing [Agency/Company Name].

Sincerely,

[Agent Name]
[Agency Name]