[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Subject: SECOND NOTICE: Signature Required for Policy Endorsement - [Policy Number]

Dear [Client Name],

We are contacting you because we have not yet received your signed endorsement for policy number [Policy Number], which was originally sent to you on [Original Date Sent].

This endorsement is a necessary update to your insurance coverage. To ensure your policy records are accurate and to avoid any potential issues with your coverage, please sign and return the enclosed document as soon as possible.

Action Required:

- Please review the attached endorsement document.
- Sign and date where indicated.
- Return the signed copy via [Email Address/Fax Number/Prepaid Envelope] by [Due Date].

If you have already sent the document, please disregard this notice. If you have questions regarding these changes, please contact our office at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Agency/Company Name]