[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

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

Dear [Policyholder Name],

We are writing to provide you with an endorsement for your General Liability insurance policy. This endorsement reflects the following change(s) to your coverage:

- [Brief Description of Change, e.g., Addition of Additional Insured]
- [Brief Description of Change, e.g., Change in Business Operations]

Please review the attached document carefully. To ensure your records are up to date and coverage remains in good standing, we require a signed copy of this endorsement for our files.

Action Required:

1. Print and sign the attached endorsement form.
2. Return the signed copy by [Due Date] via [Email Address/Fax/Mail].

If you have any questions regarding this endorsement or your policy, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Company Name]
[Title]
[Contact Information]