Subject: Follow-Up: Signature Required for Workers' Compensation Endorsement

Dear [Policyholder Name],

We are contacting you regarding the pending Workers' Compensation endorsement for your policy number [Policy Number].

Our records indicate that we have not yet received the signed endorsement document sent to you on [Date of Original Request]. This signature is required by the insurance carrier to ensure your coverage remains accurate and compliant.

Please review, sign, and return the attached document via one of the following methods:

- Email: [Email Address]
- Fax: [Fax Number]
- Mail: [Mailing Address]

If you have already sent the document, please disregard this notice. If you have any questions regarding the endorsement or need a new copy of the form, please contact us at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Company Name]