Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Property/Risk Address: [Insert Address]

RE: URGENT - NOTICE OF PENDING CANCELLATION AND ENDORSEMENT REQUIREMENT

Dear [Insert Policyholder Name],

This letter serves as a formal warning regarding the status of your insurance policy. Our records indicate that we have not yet received your signed copy of the following endorsement(s):

Required Document: [Insert Endorsement Name/Number, e.g., Exclusion of Certain Perils Endorsement]

Please be advised that the signature of this endorsement is a mandatory condition of your coverage. Failure to return the signed document by **[Insert Deadline Date]** will result in the formal cancellation of your insurance policy effective **[Insert Cancellation Effective Date]**.

Instructions to Maintain Coverage:

1. Review the attached endorsement document carefully.
2. Sign and date where indicated.
3. Return the signed document to our office via [Insert Method: Email/Fax/Mail].

If you have already sent the signed document, please disregard this notice. If you have questions regarding this requirement, please contact your agent at [Insert Phone Number] immediately to avoid a lapse in coverage.

Sincerely,

[Insert Name/Department]
[Insert Insurance Company/Agency Name]