

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

RE: Signature Required - Inland Marine Scheduled Equipment Schedule

Dear [Client Name],

Enclosed is the updated Equipment Schedule for your Inland Marine insurance policy [Policy Number].

Please review the list of scheduled equipment carefully to ensure that all descriptions, serial numbers, and replacement values are accurate. To finalize the coverage for these items, we require your signature on the attached document.

**Action Required:**

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

If there are any discrepancies or if you have acquired new equipment that is not listed, please notify us immediately so we can adjust your coverage accordingly.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Agency Name]

[Phone Number]

[Email Address]