

[Date]  
[Policyholder Name]  
[Policyholder Address]  
[City, State, Zip Code]

Re: Issuance of Blanket Completed Operations Endorsement  
Policy Number: [Policy Number]  
Effective Date: [Date]

Dear [Name],

Attached to this letter, please find the Blanket Completed Operations Endorsement for your insurance policy. This endorsement has been issued in accordance with your recent request.

This endorsement extends coverage for completed operations to parties as required by written contract or agreement, subject to the terms, conditions, and exclusions of your policy. It removes the need to issue individual certificates for each specific project regarding completed operations, provided a written contract is in place prior to the loss.

Please review the attached document carefully and keep it with your permanent policy records. We recommend sharing a copy of this endorsement with your legal counsel or risk manager to ensure it meets your specific contractual obligations.

If you have any questions regarding this endorsement or your policy coverage, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Name/Signature]  
[Title]  
[Company Name]