

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**RE: Issuance of Revised Completed Operations Endorsement**

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Insured Name/Contact Person],

Enclosed please find the revised Completed Operations Endorsement for the above-referenced insurance policy.

This endorsement has been updated to reflect the following changes:

- [Description of Change 1]
- [Description of Change 2]

Please review this document carefully to ensure that the scope of coverage and the terms align with your requirements. This revised endorsement now forms a part of your policy and should be kept with your original insurance documents.

If you have any questions regarding these revisions or if further adjustments are needed, please contact our office at [Phone Number] or via email at [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]