

[Current Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: Expedited Issuance of Completed Operations Endorsement

Policy Number: [Policy Number]

Effective Date: [Endorsement Effective Date]

Dear [Policyholder Name],

This letter confirms that your request for expedited processing of the Completed Operations Endorsement has been completed. The endorsement has been officially issued and added to your insurance policy referenced above.

Please find the attached endorsement documentation for your records. This endorsement modifies your coverage to include protection for bodily injury or property damage arising out of your completed work or operations, subject to the terms and limits stated in your policy.

We recommend that you review this document carefully. If you have any questions regarding this endorsement or require further assistance, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]

Enclosure: Completed Operations Endorsement Schedule