

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

Re: Notice of Policy Extension - Completed Operations Endorsement

Policy Number: [Policy Number]

Project Name: [Project Name/Reference]

Dear [Insured Name],

We are writing to formally confirm that the requested extension for the Completed Operations Endorsement on the above-referenced policy has been processed and issued.

This endorsement extends the coverage period for completed operations liabilities as specified below:

- **Original Expiration Date:** [Date]
- **New Expiration Date:** [Date]
- **Extension Period:** [Number of Months/Years]

Please find the attached endorsement document. We recommend that you review this document carefully and file it with your original insurance policy. All other terms, conditions, and exclusions of the policy remain unchanged.

If you have any questions regarding this extension or your coverage, please contact your agent or our customer service department at [Phone Number].

Thank you for your continued business.

Sincerely,

[Name of Sender]

[Title]

[Insurance Company Name]

Enclosure: Completed Operations Endorsement Document