[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Billing/Payments Department]
[Company Address]
[City, State, Zip Code]

Subject: Payment for Earthquake Coverage Endorsement - Policy #[Your Policy Number]

To Whom It May Concern,

I am writing to formally request the addition of an Earthquake Coverage Endorsement to my existing insurance policy, number [Your Policy Number].

Please find enclosed my payment in the amount of $[Amount] to cover the premium for this endorsement for the current policy period. I understand that this coverage will be effective as of [Requested Effective Date] or the date this payment is processed, whichever is applicable under my policy terms.

Please update my policy records and send a revised Declarations Page confirming that the earthquake coverage has been added.

If there are any additional forms required or if the payment amount needs adjustment, please contact me immediately at [Your Phone Number].

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]