Date: [Insert Date]

Policy Number: [Insert Policy Number]
Insured Name: [Insert Insured Name]
Property Address: [Insert Property Address]

Dear [Insert Name of Insured/Agent],

This letter serves as formal notification that we have issued an **Extended Duration Vacancy Permit Endorsement** for the property located at the address referenced above.

Endorsement Details:

- **Effective Date:** [Insert Start Date]
- **Expiration Date:** [Insert End Date]
- **Permit Duration:** [Insert Number of Days/Months]
- **Additional Premium:** [Insert Amount, if applicable]

Please be advised that while this permit is in effect, the following conditions apply:

- Standard coverage exclusions related to vacancy are suspended during the permit period.
- The insured must maintain all existing security measures and utility services as previously agreed upon.
- Regular inspections of the property (at least once every [Insert Number] days) are required.

Please review the enclosed endorsement document carefully. It should be attached to and form part of your existing insurance policy. All other terms, conditions, and exclusions of the policy remain unchanged.

If you have any questions regarding this endorsement or if the vacancy status of the property changes before the expiration date, please contact our office immediately.

Sincerely,

[Insert Name]
[Insert Title]
[Insert Company Name]