

[Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

Re: Endorsement to Directors and Officers (D&O) Liability Policy

Policy Number: [Policy Number]
Effective Date of Change: [Effective Date]

Dear [Insured Name/Contact Person],

Please find enclosed the requested endorsement for your Directors and Officers Liability Insurance policy. This document officially amends your coverage as previously discussed and agreed upon.

Summary of Changes:

- [Description of change, e.g., Addition of Subsidiary]
- [Description of change, e.g., Revision of Retention/Deductible]
- [Description of change, e.g., Extension of Reporting Period]

Please review the attached document carefully to ensure all details are correct. This endorsement forms a legal part of your insurance contract and should be kept with your original policy documents.

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

Thank you for choosing [Insurance Company/Agency Name].

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]

Enclosure: Endorsement [Endorsement Number]