

[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: Policy Endorsement Declaration

Policy Number: [Policy Number]
Endorsement Effective Date: [Date]
Endorsement Number: [Number]

Dear [Policyholder Name],

This letter serves as a formal declaration of an endorsement to your insurance policy. This document officially amends your existing coverage as outlined below.

Description of Changes:

[Insert brief description of the change, e.g., Addition of a new vehicle, Change of address, Increase in liability limits, or Removal of a named insured].

Updated Policy Terms:

- Previous Premium: [Amount]
- New Adjusted Premium: [Amount]
- Total Amount Due/Credit: [Amount]

All other terms, conditions, and exclusions of your original policy remain in full force and effect. Please review this endorsement carefully and attach it to your original policy documents for your records.

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

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Insurance Company Name]