

[Date]

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

Subject: Delivery of Policy Endorsement for Policy Number: [Policy Number]

Dear [Insured Name],

Please find enclosed the endorsement document for your insurance policy referenced above.

This endorsement reflects the following change(s) to your coverage:

- [Description of change 1]
- [Description of change 2]

We recommend that you review this document carefully and attach it to your original insurance policy for your records. All other terms and conditions of your policy remain unchanged.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

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

Enclosure: Policy Endorsement Document