

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Confirmation of Policy Endorsement

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

Dear [Insured Name],

This letter serves as formal confirmation that the requested endorsement has been processed and added to your commercial insurance policy. We have updated your coverage to reflect the following changes:

- **Type of Endorsement:** [e.g., Added Equipment / Address Change / Limit Increase]
- **Description of Change:** [Brief details of the modification]
- **Premium Adjustment:** [Amount of increase/decrease or "No Change"]

Please find the attached endorsement documentation which outlines the specific terms, conditions, and any adjusted premium statements. We recommend that you keep these documents with your original policy folder for your records.

Please review the attached documents carefully to ensure all information is accurate. If you have any questions regarding these changes or if further adjustments are needed, please contact your account manager at [Phone Number] or [Email Address].

Thank you for choosing [Company Name] for your commercial insurance needs.

Sincerely,

[Sender Name]
[Title]
[Company Name]

Enclosure: Policy Endorsement Pages