[Date]

[Insured Name]
[Attention: Contact Person]
[Mailing Address]
[City, State, Zip Code]

RE: Delivery of Amended Commercial General Liability Policy

Policy Number: [Policy Number]
Effective Date: [Effective Date]
Endorsement Number: [Endorsement Number, if applicable]

Dear [Insured Name],

Enclosed please find the amended documents for your Commercial General Liability policy. These updates have been processed in accordance with the recent changes requested on [Date of Request].

Please review the attached documents carefully to ensure all information is accurate. This amendment specifically addresses the following changes:

- [Description of Change 1, e.g., Updated limits of insurance]
- [Description of Change 2, e.g., Addition of Additional Insured]
- [Description of Change 3, e.g., Updated business address]

This amendment is now a formal part of your insurance contract. We recommend that you attach these documents to your original policy for your permanent records.

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

Thank you for choosing [Agency/Company Name] for your business insurance needs.

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Agency/Company Name]

Enclosures: [List Enclosed Documents]