

[Date]

[Applicant Name]

[Address Line 1]

[Address Line 2]

RE: Personal Umbrella Policy Number: [Policy Number]

Dear [Applicant Name],

Thank you for choosing [Agency/Company Name] for your personal liability protection. We are pleased to provide you with your new Personal Umbrella Policy documents.

Upon reviewing your file, we noticed that the required signature is missing from the original application. To ensure your coverage remains active and compliant with underwriting guidelines, we require your signature on the enclosed form.

Action Required:

- Please sign and date the highlighted sections on the attached document.
- Return the signed document to our office by [Due Date] using the enclosed envelope or via email at [Email Address].

Please note that failure to return the signed application by the date requested may result in the cancellation of your policy.

If you have any questions regarding your coverage or this request, please contact us at [Phone Number].

Sincerely,

[Your Name/Agent Name]

[Agency Name]

Enclosures: Personal Umbrella Policy, Signature Page