

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

**Subject: Delivery of Property Insurance Policy - Action Required**

Dear [Policyholder Name],

Thank you for choosing [Insurance Company Name] for your property insurance needs. We are pleased to provide your official policy documents for Policy Number: **[Policy Number]**.

Please review the enclosed documents carefully. During our final processing, we noted that your **countersignature** is missing on the following form(s):

- [Name of Specific Form/Endorsement]
- [Name of Specific Form/Endorsement]

To ensure your coverage remains in good standing and to comply with state regulatory requirements, please sign and date the highlighted sections on the enclosed copies. You may return the signed documents using the provided prepaid envelope or by scanning and emailing them to [Email Address].

Please return these signed forms no later than [Due Date]. Failure to provide the required signatures may result in a lapse of coverage or policy cancellation.

If you have any questions regarding your policy or the required signatures, please contact your agent at [Agent Phone Number] or our customer service department at [Customer Service Number].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]

Enclosures: [List of Enclosed Documents]