

Endorsement Request for Disability Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I hope this message finds you well. I am writing to formally request an endorsement for my current disability insurance coverage with policy number [Insert Policy Number].

Due to [brief explanation of circumstances, e.g., "a recent medical diagnosis"], I believe it is crucial to review my coverage options to ensure adequate protection in the event of disability. I am requesting the following changes or endorsements to my existing policy:

- [Detail 1]
- [Detail 2]
- [Detail 3]

Please let me know what additional information or documentation you may require to process my request. I would appreciate your prompt attention to this matter, as it is important for my peace of mind and financial security.

Thank you for your assistance. I look forward to your swift response.

Sincerely,

[Your Name]