# Insurance Endorsement Confirmation

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Insurer: [Insert Insurer Name]

Dear [Policyholder Name],

We are pleased to confirm the endorsement of your insurance policy, which includes the additional coverage requested.

## Details of Endorsement:

- Coverage Added: [Insert Coverage Description]
- Effective Date: [Insert Effective Date]
- Premium Adjustment: [Insert Premium Details]

If you have any questions regarding this endorsement or your policy in general, please do not hesitate to contact us.

Thank you for choosing [Insurer Name].

Sincerely,

[Your Name]

[Your Title]

[Insurer Name]

[Contact Information]