

Insurance Endorsement Update

Date: [Insert Date]

[Your Insurance Company Name]

[Your Company Address]

[City, State, Zip Code]

Policyholder Name: [Policyholder Name]

Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you of an update regarding your insurance policy with us. This endorsement is necessary to reflect the requested alterations to the named insured on your policy.

Effective Date of Endorsement: [Effective Date]

Updated Named Insured: [New Insured Name]

Please review the changes outlined in the attached endorsement document. Should you have any questions or need further assistance, do not hesitate to contact us at [Customer Service Phone Number] or [Customer Service Email Address].

Thank you for choosing [Your Insurance Company Name]. We appreciate your continued trust in us.

Sincerely,

[Your Name]

[Your Title]

[Your Insurance Company Name]