

# Marine Insurance Endorsement Verification

Date: [Insert Date]

To:

[Insured's Name]

[Insured's Address]

[City, State, ZIP Code]

Subject: Verification of Marine Insurance Endorsement

Dear [Insured's Name],

We are writing to confirm the endorsement applied to your marine insurance policy, policy number [Insert Policy Number]. The following changes have been made as per your request:

- **Endorsement Type:** [Insert Endorsement Type]
- **Date of Endorsement:** [Insert Date]
- **Description of Coverage Change:** [Insert Description]

Please note that this endorsement is valid and has been recorded in our underwriting system. Should you have any questions or require further clarification regarding this endorsement, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]