

Insurance Endorsement Application

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Application for Endorsement - Policy Adjustment

Dear [Insurance Company Representative/Specific Person's Name],

I am writing to request an endorsement for my insurance policy, [Policy Number], which is currently active with your company. I would like to propose the following adjustments:

- Adjustment Description 1
- Adjustment Description 2
- Adjustment Description 3

These changes are necessary due to [brief explanation of reasons for changes]. I believe these adjustments will ensure better coverage and meet my current needs adequately.

Attached to this letter are the relevant documents supporting my request.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]