

Insurance Endorsement Change Notification

Date: [Insert Date]

To: [Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are writing to notify you of a change to your insurance policy, effective [Insert Effective Date]. This endorsement alters certain terms and conditions of your current policy [Policy Number].

Details of the changes are as follows:

- **Change 1:** [Description of Change]
- **Change 2:** [Description of Change]
- **Change 3:** [Description of Change]

Please review the changes carefully. If you have any questions or concerns, do not hesitate to contact our office at [Insurance Company Phone Number] or [Insurance Company Email Address].

Thank you for choosing [Insurance Company Name] for your insurance needs.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]