

Insurance Coverage Endorsement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

Attn: [Claims/Support Department]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Endorsement for Additional Services Coverage

Dear [Recipient's Name],

I am writing to request an endorsement for additional services coverage under my insurance policy, [Policy Number]. I would like to include coverage for the following services:

- [Service 1]
- [Service 2]
- [Service 3]

These services are essential for [reason for additional coverage]. I believe this endorsement will enhance my existing coverage and better protect my interests.

Please let me know if any further information is required to process this request. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]