

Confirmation of Additional Coverage Endorsement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to confirm the endorsement of additional coverage on my insurance policy, policy number [Insert Policy Number], effective [Insert Effective Date].

Details of the additional coverage include:

- Coverage Type: [Insert Coverage Type]
- Coverage Amount: [Insert Amount]
- Premium Increase: [Insert Premium Amount]

Please confirm that the above changes have been made to my policy and send me a copy of the updated policy documents at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]