

# Endorsement Confirmation Letter

Date: [Insert Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We are writing to confirm the endorsement to your insurance policy with us, policy number [Insert Policy Number]. This endorsement is effective as of [Insert Effective Date].

The details of the endorsement are as follows:

- Endorsement Type: [Insert Type]
- Description: [Insert Description]
- Coverage Changes: [Insert Coverage Changes]
- Premium Changes: [Insert New Premium Amount if applicable]

If you have any questions or require further assistance, please do not hesitate to contact our customer service department at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Insurance Company Name]. We appreciate your business.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]