

Insurance Endorsement Acknowledgment

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are writing to acknowledge the endorsement made to your insurance policy number [Policy Number] effective [Effective Date]. The details of the endorsement are as follows:

- Endorsement type: [Type of Endorsement]
- Description: [Description of the Endorsement]

Please review the details carefully. If you have any questions or require further clarification, feel free to contact us at [Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]