

# Receipt for Insurance Endorsement Request

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Endorsement Request Number: [Insert Request Number]

Received From: [Insert Name of the Individual/Company]

Type of Endorsement: [Insert Type of Endorsement]

Amount Received: [Insert Amount]

Payment Method: [Insert Payment Method]

Received by: [Insert Name of the Employee]

Thank you for your request. We will process your endorsement and send you a confirmation once complete.

Sincerely,

[Company Name]

[Company Address]

[Company Phone Number]

[Company Email]