

[Your Company Letterhead]  
[Date]

[Insurance Company Name]  
[Address Line 1]  
[Address Line 2]

Attn: [Name or Department]

**Subject: Territory Extension Endorsement Request**

Dear Sir/Madam,

We kindly request an extension of the coverage territory under our current policy as detailed below:

**Policy Number:** [Policy Number]

**Insured Name:** [Insured Name]

**Current Territory:** [Current Described Territory]

**Requested Extension:** [Specify New Territories or Locations]

Please let us know if further information or documentation is required. We appreciate your prompt attention to this request.

Thank you.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Company Name]  
[Contact Information]