

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Confirmation of Mid-Term Coverage Limit Adjustment

Dear [Policyholder Name],

This letter confirms that we have successfully processed the requested changes to your insurance policy coverage limits. These adjustments are effective as of [Effective Date].

Policy Details:

- **Policy Number:** [Policy Number]
- **Policy Type:** [Type of Insurance]

Summary of Adjustments:

Coverage Description	Previous Limit	New Limit
[Coverage Item 1]	[Amount]	[Amount]
[Coverage Item 2]	[Amount]	[Amount]

Premium Impact:

As a result of these changes, your policy premium has been adjusted. The [Additional/Reduced] premium amount is [Amount]. [Insert details regarding billing, e.g., "This amount will be reflected in your next billing statement."]

Please review your updated Policy Endorsement document, which is enclosed with this letter, to ensure all details are correct. If you have any questions or require further modifications, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title/Department]
[Company Name]