

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

[Date]

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

Subject: Confirmation of Policy Endorsement - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have successfully processed the requested endorsement to your insurance policy, effective [Effective Date of Change].

The following changes have been applied to your policy:

- [Description of Change 1]
- [Description of Change 2]
- [Description of Change 3]

Premium Adjustment:

As a result of these changes, your premium has been adjusted by [Amount]. Your new total premium is [Total Premium Amount]. [Insert specific payment instructions if applicable].

Please review the enclosed endorsement documents carefully. We recommend attaching them to your original policy for your records. It is important to ensure that all information is accurate and reflects the requested updates.

If you have any questions or if any information appears incorrect, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Name of Representative/Department]
[Title]
[Company Name]