

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

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

**Subject: Notification of Premium Adjustment - Policy Number: [Policy Number]**

Dear [Policyholder Name],

This letter is to inform you that a change has been made to your insurance policy effective [Effective Date of Change]. This adjustment is the result of the following endorsement(s):

- [Description of Change, e.g., Addition of a new vehicle]
- [Description of Change, e.g., Change in coverage limits]

**Premium Adjustment Summary:**

Previous Premium: \$[Amount]  
New Premium: \$[Amount]  
Difference: \$[Amount] ([Increase/Decrease])

The adjusted premium will be reflected in your next billing statement. [Optional: If this results in an additional premium due, please submit payment by [Due Date]. / If this results in a credit, it will be applied to your future balance.]

Please review the enclosed updated policy declarations page for full details of your coverage. If you have any questions regarding this adjustment, please contact our customer service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name/Signature]  
[Title]  
[Company Name]