

[Date]

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

Re: Notice of Policy Coverage Modification

Policy Number: [Policy Number]
Effective Date of Change: [Date]

Dear [Policyholder Name],

This letter serves as an official endorsement to your insurance policy. Please be advised that the terms of your coverage have been modified as follows:

Description of Modification:

[Insert detailed description of the change, such as added coverage, excluded items, or adjusted limits.]

Reason for Change:

[State reason, e.g., Request by policyholder, underwriting review, or regulatory requirement.]

Premium Impact:

[Select one: There is no change to your premium / Your premium has been adjusted by \$[Amount] / A pro-rated invoice is attached.]

All other terms, conditions, and exclusions of your original policy remain in full force and effect. Please review this endorsement carefully and attach it to your existing policy documents.

If you have any questions regarding this modification, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Authorized Signature]
[Name of Insurance Company]
[Contact Information]