

[Company Letterhead]

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Policy Number: [Insert Policy Number]

Subject: NOTICE OF STATE-MANDATED PREMIUM INCREASE (STATUTORY ASSESSMENT)

Dear [Policyholder Name],

This letter serves as formal notification that your insurance premium for the upcoming policy term will include a mandatory increase due to a state-mandated statutory assessment.

Pursuant to [Insert State Statute/Regulation Name], all insurance carriers operating within the State of [Insert State] are required to collect an assessment to fund the [Insert Name of Fund, e.g., State Guaranty Fund / Assigned Risk Pool / Workers' Compensation Board].

Assessment Details:

- Current Assessment Rate: [Insert Percentage]%
- Total Assessment Amount: \$[Insert Amount]
- Effective Date: [Insert Date]

Please note that this adjustment is not a change to your base premium rate determined by [Company Name], but a mandatory pass-through charge required by law. This amount will be reflected on your next billing statement.

If you have any questions regarding this assessment or how it affects your policy, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Thank you for your continued business.

Sincerely,

[Sender Name/Department]

[Company Name]