[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Endorsement - Increase in Liability Limits
Policy Number: [Policy Number]
Effective Date: [Date]

Dear [Policyholder Name],

This letter serves as formal notification that an endorsement has been applied to your insurance policy to increase your liability coverage limits. This update ensures that your coverage remains aligned with current risks and provides enhanced financial protection.

Summary of Changes:

- **Previous Limit:** $[Amount]
- **New Limit:** $[Amount]
- **Premium Adjustment:** $[Amount]

Please find the enclosed Endorsement Page and updated Declarations Page for your records. We recommend reviewing these documents carefully to understand your new coverage levels. All other terms and conditions of your policy remain unchanged.

If you have any questions regarding this increase or wish to discuss your coverage further, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

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