[Date]

[Policyholder Name]
[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Endorsement to Commercial Umbrella Liability Policy
Policy Number: [Policy Number]
Effective Date: [Effective Date of Increase]

Dear [Policyholder Name],

This letter serves as formal notification and confirmation that your request to increase the liability limits on your Commercial Umbrella Liability policy has been processed.

The coverage limits for the above-referenced policy have been amended as follows:

- **Previous Limit:** $[Old Amount] per occurrence / $[Old Amount] aggregate
- **New Increased Limit:** $[New Amount] per occurrence / $[New Amount] aggregate

An official Endorsement document is attached to this letter. Please review this document carefully and file it with your original insurance policy. This change may result in a premium adjustment, which is detailed in the attached invoice or statement.

All other terms, conditions, and exclusions of your policy remain unchanged. This increased limit provides your business with additional protection against catastrophic losses that exceed your primary underlying policy limits.

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

Sincerely,

[Sender Name]
[Title]
[Insurance Company/Agency Name]