[Date]

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

Subject: Premium Adjustment Notice - Increased Liability Limits

Policy Number: [Policy Number]
Endorsement Effective Date: [Effective Date]

Dear [Policyholder Name],

This letter is to confirm that we have processed your request to increase the liability limits on your insurance policy. This change provides you with additional protection and ensures your coverage meets your current needs.

As a result of this endorsement, there has been an adjustment to your policy premium. Please find the details of the premium change below:

- **Previous Liability Limit:** $[Amount]
- **New Liability Limit:** $[Amount]
- **Additional Premium Due:** $[Amount]

Payment Instructions:

[Select one: The additional premium will be reflected in your next scheduled billing statement / Please submit payment for the amount above by [Date] / This amount has been charged to your payment method on file.]

Attached you will find the updated Policy Declarations page and the formal Endorsement document. Please review these documents carefully and keep them with your original policy files.

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

Thank you for choosing [Company Name].

Sincerely,

[Name/Department]
[Company Name]