Date: [Insert Date]

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

Re: Approval of Employers Liability Limits Increase Endorsement

Policy Number: [Insert Policy Number]
Effective Date: [Insert Effective Date]

Dear [Insert Policyholder Name],

We are pleased to inform you that your request to increase the Employers Liability limits on the above-referenced policy has been approved.

The new limits of liability are as follows:

- Bodily Injury by Accident: $[Insert Amount] (Each Accident)
- Bodily Injury by Disease: $[Insert Amount] (Policy Limit)
- Bodily Injury by Disease: $[Insert Amount] (Each Employee)

Enclosed is the formal endorsement reflecting these changes. Please review this document carefully and attach it to your original insurance policy. An invoice for the additional premium resulting from this increase is also included and is due by [Insert Due Date].

All other terms, conditions, and exclusions of your policy remain unchanged.

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

Sincerely,

[Your Name/Representative Name]
[Title]
[Insurance Company Name]