[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

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

Dear [Policyholder Name],

Enclosed please find the endorsement for your [Policy Type, e.g., Auto/General Liability] insurance policy reflecting the requested increase in your liability limits.

Please review the attached document carefully to ensure the new coverage limits meet your requirements. This endorsement is now part of your insurance contract and should be kept with your original policy documents.

As a result of this change, your premium has been adjusted as follows:

- Additional Premium Due: $[Amount]
- New Total Annual Premium: $[Amount]

[Optional: An invoice is enclosed / The additional premium will be reflected in your next billing cycle.]

If you have any questions regarding these changes or if you need further assistance with your insurance coverage, please do not hesitate to contact our office.

Thank you for choosing [Agency Name].

Sincerely,

[Agent Name]
[Title]

Enclosure