

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**Subject: Notice of Policy Change and Endorsement Premium Invoice**

Dear [Policyholder Name],

This letter is to confirm that the requested changes have been made to your insurance policy, effective [Effective Date]. Attached to this notice, you will find the formal endorsement document outlining the specific modifications to your coverage.

As a result of these changes, there is an adjustment to your policy premium. Please find the invoice details below:

<b>Policy Number</b>	[Policy Number]
<b>Endorsement Description</b>	[Brief Description of Change]
<b>Additional Premium Due</b>	[\$[Amount]]
<b>Payment Due Date</b>	[Due Date]

**Payment Options:**

- Online: Visit [Website URL] to pay via credit card or e-check.
- By Mail: Send a check payable to [Company Name] using the enclosed envelope.
- Phone: Call [Phone Number] to process a payment with our billing department.

Please note that failure to remit payment by the due date may affect the status of your coverage. If you have already sent your payment, please disregard this notice.

If you have any questions regarding this endorsement or the premium calculation, please contact your agent at [Agent Phone/Email].

Sincerely,

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