

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: Premium Adjustment - Inland Marine Scheduled Equipment

Policy Number: [Policy Number]

Endorsement Effective Date: [Effective Date]

Dear [Policyholder Name],

We have processed the recent changes to your Inland Marine Scheduled Equipment list. This adjustment reflects the following updates to your policy coverage:

- [Addition/Deletion/Modification] of [Equipment Description]
- [Serial Number/ID Number]
- [Revised Scheduled Value]

Based on these changes, a premium adjustment has been calculated as follows:

Additional/Return Premium: \$[Amount]

Applicable Taxes/Fees: \$[Amount]

Total Adjustment Amount: \$[Total Amount]

If there is an additional premium due, an invoice will be sent under separate cover. If this adjustment results in a return premium, a refund check or credit will be issued to your account shortly.

Please review the attached updated equipment schedule to ensure all information is accurate. If you have any questions regarding this adjustment, please contact your insurance agent or our customer service department at [Phone Number].

Thank you for your continued business.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]