[Date]

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

Subject: Invoice for Additional Premium - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to notify you of a change to your insurance policy resulting from the endorsement processed on [Endorsement Date].

Based on the recent modification to your coverage ([Brief Description of Change, e.g., added vehicle/increased limits]), an additional premium is now due.

Invoice Summary:

- **Endorsement Effective Date:** [Date]
- **Additional Premium Amount:** $[Amount]
- **Applicable Taxes/Fees:** $[Amount]
- **Total Amount Due:** $[Total Amount]
- **Payment Due Date:** [Date]

Please remit payment by the due date mentioned above to ensure your coverage remains uninterrupted. You may pay your bill through [Payment Methods, e.g., online portal, phone, or mail].

Revised policy documents reflecting these changes are enclosed with this letter. If you have any questions regarding this endorsement or the calculation of the premium, please contact your agent or our billing department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]