[Date]

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

Re: Return Premium Endorsement Adjustment

Policy Number: [Policy Number]
Endorsement Number: [Endorsement Number]
Effective Date of Change: [Date]

Dear [Insured Name],

We are writing to inform you that an adjustment has been made to your insurance policy. This change is due to the endorsement processed on [Date of Endorsement] regarding [Brief Reason for Change, e.g., decrease in coverage, removal of vehicle, or reduction in exposure].

As a result of this adjustment, there is a return premium due to you in the amount of **$[Amount]**.

Please find the payment details below:

- **Adjustment Method:** [Check / Credit to Account / Refund to Card]
- **Processing Date:** [Date]

If you have an outstanding balance on your account, this credit may have been applied toward your remaining installments. Please refer to your updated billing statement for the revised balance.

If you have any questions regarding this endorsement or your coverage, please contact your agent at [Agent Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]