Date: [Insert Date]

Policy Number: [Insert Policy Number]

Account ID: [Insert Account ID]

Subject: Invoice for Coverage Upgrade Premium Adjustment

Dear [Policyholder Name],

Thank you for choosing to upgrade your insurance coverage. As requested, your policy has been updated to include [Name of New Coverage/Increased Limits], effective as of [Effective Date].

This letter serves as an invoice for the premium adjustment resulting from this upgrade. The additional premium required to maintain your enhanced coverage for the remainder of the current policy term is detailed below:

- **Previous Premium Amount:** $[Amount]
- **New Total Premium Amount:** $[Amount]
- **Pro-rated Adjustment Due: $[Amount]**
- **Payment Due Date:** [Insert Date]

Please submit your payment by the due date mentioned above to ensure your upgraded coverage remains active without interruption. You can make a payment through our online portal, by phone at [Phone Number], or by mailing a check to the address listed below.

If you have already made this payment, please disregard this notice. Should you have any questions regarding these changes or your new premium balance, please contact our billing department at [Phone Number] or email [Email Address].

Thank you for your continued trust in our services.

Sincerely,

[Sender Name]
[Title]
[Company Name]