[Current Date]

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

Subject: Endorsement Invoice - Policy Address Change

Dear [Policyholder Name],

As requested, we have updated the address on your policy, [Policy Number], effective from [Effective Date].

This change has resulted in a premium adjustment due to [State/Tax/Risk Zone] rate differences. Please find the details of the endorsement invoice below:

Endorsement Details:
Old Address: [Old Street Address, City, State, Zip]
New Address: [New Street Address, City, State, Zip]

Invoice Summary:
Additional Premium Due: $[Amount]
Applicable Taxes/Fees: $[Amount]
Total Balance Due: $[Total Amount]

Please remit payment by [Due Date] to ensure your coverage remains continuous. You may pay via [Payment Method: Online Portal/Check/Phone].

Updated policy documents reflecting this change are enclosed/attached for your records.

If you have any questions regarding this invoice, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]