[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Premium Adjustment Invoice - Final Audit

Policy Type: [Policy Type, e.g., Workers Compensation]
Policy Number: [Policy Number]
Audit Period: [Start Date] to [End Date]

Dear [Policyholder Name],

We have completed the premium audit for the policy period referenced above. This audit was conducted to determine your actual exposures (such as payroll or sales) during the term of your policy.

Based on the final audit findings, your policy earned premium has been adjusted. The results are as follows:

- Total Audited Earned Premium: $[Amount]
- Estimated Premium Already Paid: $[Amount]
- **Total Adjustment Amount Due: $[Amount]**

Please find the enclosed invoice and a summary of the audit calculations. The balance of $[Amount] is due by [Due Date].

Payment can be made via [Payment Method/Online Portal Link]. If you have already sent this payment, please disregard this notice.

If you have any questions regarding the audit results or wish to dispute any of the findings, please contact our Audit Department at [Phone Number] or [Email Address] within [Number] days of receiving this letter.

Thank you for your business.

Sincerely,

[Name/Department]
[Company Name]