Date: [Insert Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Policy Number: [Insert Policy Number]
Endorsement Effective Date: [Insert Date]
Subject: Invoice for Liability Limit Increase Endorsement

Dear [Client Name],

As requested, we have processed an endorsement to increase the liability limits on your insurance policy. This change ensures that you have the additional coverage requested as of [Effective Date].

Attached to this letter, you will find the updated policy endorsement page along with the invoice for the additional premium. Please review the details below:

- **Previous Limit:** $[Amount]
- **New Limit:** $[Amount]
- **Additional Premium Due:** $[Amount]
- **Payment Due Date:** [Insert Date]

Please remit payment by the due date to ensure your coverage remains in good standing. You can pay via [Insert Payment Method, e.g., online portal, check, or phone].

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

Thank you for choosing [Company Name].

Sincerely,

[Your Name/Representative Name]
[Company Name]
[Title]