[Date]

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

RE: Notice of Premium Adjustment - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have processed the requested modification to the Named Insured(s) on your policy, effective [Effective Date of Change].

The following changes have been applied:

- **Added Named Insured(s):** [Name of added parties or N/A]
- **Removed Named Insured(s):** [Name of removed parties or N/A]

Due to this modification, your policy premium has been adjusted to reflect the change in risk and coverage. Please find the summary of the adjustment below:

- **Previous Total Premium:** $[Amount]
- **New Total Premium:** $[Amount]
- **Difference (Additional/Return Premium):** $[Amount]

Payment Information:

[Insert specific billing instructions here, e.g., "The additional premium will be reflected in your next billing statement" OR "A refund check for the difference is enclosed/will be mailed separately."]

Please review your updated Policy Declarations Page, which is enclosed with this letter, to ensure all information is correct. If you have any questions regarding this adjustment or your coverage, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]