[Company Name]
[Billing Department]
[Company Address]
[City, State, Zip Code]

[Date]

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

RE: Notice of Premium Adjustment - Mid-Term Endorsement

Policy Number: [Policy Number]
Endorsement Effective Date: [Effective Date]

Dear [Policyholder Name],

This letter is to inform you of a change in your insurance premium resulting from the recent endorsement (change) made to your policy. The modification regarding [Brief Description of Change, e.g., Addition of Vehicle / Change in Coverage Limits] has resulted in an additional premium charge for the remainder of the current policy term.

Adjustment Details:

- Previous Total Premium: $[Amount]
- New Total Premium: $[Amount]
- **Additional Amount Due: $[Amount]**

Please find the enclosed invoice detailing the adjustment. The payment for this additional premium is due by **[Due Date]** to ensure your coverage remains continuous and in good standing.

If you have already made this payment, please disregard this notice. If you are enrolled in automatic recurring payments, this amount will be deducted on [Date].

If you have any questions regarding this adjustment or your policy coverage, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]