[Date]

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

Subject: Premium Adjustment Notice - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you of a change in your insurance premium resulting from the recent endorsement (amendment) made to your policy on [Date of Change].

Because this change occurred during the middle of your policy term, the additional premium has been calculated on a pro-rata basis. This means you are only being charged for the remaining [Number of Days] days left in your current policy period.

Adjustment Details:

- **Endorsement Description:** [Brief Description of Change]
- **Effective Date:** [Effective Date]
- **Total Annualized Increase:** $[Amount]
- **Pro-Rata Amount Due Now:** $[Amount]

Please remit the payment of **$[Amount]** by **[Due Date]** to ensure your coverage remains up to date. You may pay via [Payment Method/Link] or by returning the enclosed invoice.

If you have already made this payment, please disregard this notice. If you have any questions regarding this adjustment, please contact our billing department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]