

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

**Subject: Confirmation of Limits Increase - Employment Practices Liability (EPL) Endorsement**

Dear [Policyholder Name],

This letter serves as formal confirmation that your request to increase the liability limits for your Employment Practices Liability (EPL) endorsement has been processed and approved.

The updated coverage details are as follows:

- **Policy Number:** [Policy Number]
- **Effective Date of Increase:** [Effective Date]
- **New Limit of Liability:** \$[Amount] per Claim / \$[Amount] Aggregate
- **Applicable Retention/Deductible:** \$[Amount]

Enclosed/Attached is the formal endorsement page which should be filed with your existing insurance policy documents. Please review this document carefully to ensure the limits and terms align with your requirements.

An invoice reflecting the additional premium due for this adjustment will be sent under separate cover, or if you are on an automated billing cycle, the change will be reflected in your next statement.

If you have any questions regarding this increase or your overall coverage, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Name]

[Title]

[Insurance Company/Agency Name]