

[Company Letterhead/Logo]

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Confirmation of Premium Adjustment - Employment Practices Liability (EPL) Endorsement

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Endorsement Number: [Endorsement Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that a premium adjustment has been processed regarding the Employment Practices Liability (EPL) Endorsement on the above-referenced policy.

The adjustment is based on the following changes to your risk profile or policy terms:

- [Reason for Adjustment: e.g., Change in employee headcount]
- [Reason for Adjustment: e.g., Revised limits of liability]
- [Reason for Adjustment: e.g., Updated claims history]

Adjustment Details:

Previous EPL Premium:	[\$[Amount]]
New Adjusted EPL Premium:	[\$[Amount]]
Total [Additional/Return] Premium:	[\$[Amount]]

If this adjustment results in an additional premium due, you will receive an invoice under separate cover. If this results in a return premium, a credit will be applied to your account or a refund check will be issued accordingly.

Please review the attached endorsement document carefully and file it with your original insurance policy. All other terms, conditions, and exclusions of the policy remain unchanged.

If you have any questions regarding this adjustment, please contact your insurance agent or our billing department at [Phone Number].

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]