

[Sender Name/Insurance Company Name]  
[Sender Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**Subject: Endorsement Notification - Change in Coverage Limits**

Dear [Policyholder Name],

This letter serves as formal confirmation of the mid-term endorsement processed for your insurance policy, effective [Effective Date of Change].

As requested and agreed upon, we have adjusted the coverage limits on your policy number: **[Policy Number]**. Please review the summary of changes below:

- **Coverage Type:** [Type of Coverage, e.g., Liability/Property]
- **Previous Limit:** [Old Limit Amount]
- **New Limit:** [New Limit Amount]

Due to this change, your premium has been adjusted. The [Additional/Return] premium for the remainder of the policy term is [Premium Amount]. [State how payment/refund will be handled].

Please find the attached Amended Declarations Page, which outlines your updated coverage in detail. We recommend filing this document with your original policy papers.

If you have any questions regarding these changes or your policy in general, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Signature]  
[Sender Printed Name]  
[Title/Department]