[Date]

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

RE: Notice of Adjusted Premium Installment

Policy Type: Commercial General Liability
Policy Number: [Policy Number]
Endorsement Number: [Endorsement Number]
Effective Date of Change: [Effective Date]

Dear [Insured Name],

This letter is to inform you of a change to your premium following the recent endorsement processed on your Commercial General Liability policy. The adjustments reflect changes in [Brief Reason for Change, e.g., coverage limits, added location, or exposure updates].

As a result of this endorsement, your installment schedule has been updated as follows:

- **Additional Premium Amount:** $[Amount]
- **Revised Installment Amount:** $[Amount]
- **Payment Due Date:** [Date]

Please note that this adjusted amount will be reflected in your next billing statement. If you are enrolled in automatic payments, the new amount will be withdrawn on the scheduled date.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

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