

[Current Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Subject: Acknowledgment of Workers' Compensation Coverage Limit Increase

Dear [Policyholder Name],

This letter serves as formal acknowledgment that we have received and processed your request to increase the coverage limits on your Workers' Compensation insurance policy, number [Policy Number].

Your coverage limits for Employer's Liability have been updated as follows:

- Bodily Injury by Accident: [New Limit Amount]
- Bodily Injury by Disease (Policy Limit): [New Limit Amount]
- Bodily Injury by Disease (Each Employee): [New Limit Amount]

These changes are effective as of [Effective Date]. Please find the enclosed amended policy declarations page reflecting these updates for your records.

As a result of this increase in coverage, your premium has been adjusted. An endorsement invoice reflecting the pro-rated premium change will be sent under separate cover.

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

Sincerely,

[Name of Sender]

[Title/Department]

[Insurance Company Name]