

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Premium Revision Regarding Addition of Named Insured

Dear [Policyholder Name],

This letter is to confirm that [Name of New Insured] has been officially added as a Named Insured to your policy, number [Policy Number], effective as of [Effective Date].

Due to this change in coverage, your policy premium has been adjusted. Please find the revised premium details below:

- **Previous Total Premium:** \$[Amount]
- **Additional Premium Amount:** \$[Amount]
- **New Total Policy Premium:** \$[Amount]

The additional premium will be reflected in your next billing statement dated [Date]. All other terms and conditions of your policy remain unchanged.

An updated Policy Declarations page is enclosed for your records. If you have any questions regarding this revision, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]