[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Confirmation of Premium Adjustment - Change in Class of Use

Dear [Policyholder Name],

This letter confirms that we have processed the requested change to the "Class of Use" for your policy number [Policy Number], effective as of [Effective Date].

According to our records, your Class of Use has been updated from **[Old Class of Use]** to **[New Class of Use]**.

As a result of this change, your insurance premium has been adjusted. Please find the details of the adjustment below:

- **New Annual Premium:** $[Amount]
- **Pro-rata Adjustment Amount:** $[Amount] [Credit/Debit]
- **New Installment Amount (if applicable):** $[Amount]

The [Additional Premium Due / Refund] will be processed via [Method of Payment/Refund] within [Number] business days. An updated Policy Schedule reflecting these changes is enclosed with this letter.

Please review the updated documents carefully to ensure all information is correct. If you have any questions regarding this adjustment, please contact our customer service team at [Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name/Signature]
[Title]
[Company Name]