[Date]

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

Subject: Notification of Premium Adjustment - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to inform you of a change to the premium amount for your [Type of Insurance, e.g., Auto/Home] insurance policy. This adjustment will take effect on [Effective Date].

Adjustment Summary:

- Current Premium: [Amount]
- New Premium: [Amount]
- Change Amount: [Amount]

Reason for Adjustment:

[Insert brief reason: e.g., Annual rate review, change in coverage limits, addition of a new driver, or claims history.]

Next Steps:

If you are enrolled in automatic payments, your next deduction on [Billing Date] will reflect the updated amount. If you pay by check or manual transfer, please update your records to ensure the correct payment is submitted by the due date.

We value your business and are committed to providing you with the best coverage. If you have any questions regarding this change or would like to review your coverage options, please contact our customer service department at [Phone Number] or email us at [Email Address].

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]