Insurance Adjustment Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you that there has been an adjustment to your insurance costs due to [reason for adjustment]. Your new policy details are as follows:

Policy Information

Policy Number: [Insert Policy Number]

Previous Premium: \$[Insert Previous Amount]

Adjusted Premium: \$[Insert New Amount]

Effective Date

This adjustment will take effect on [Insert Effective Date].

If you have any questions regarding your new premium or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Name]
[Your Position]
[Company Name]
[Contact Information]