## **Insurance Premium Calculation Summary**

Date: [Insert Date]

To: [Policyholder's Name]

Address: [Policyholder's Address]

## **Policy Number:** [Insert Policy Number]

## **Legal Liability Insurance Premium Calculation**

Description	Amount
Base Premium	[Insert Base Premium]
Risk Factor Adjustment	[Insert Adjustment Amount]
Coverage Adjustments	[Insert Adjustment Amount]
Discounts	[Insert Discount Amount]
<b>Total Premium Due</b>	[Insert Total Premium]

If you have any questions regarding this calculation or require further information, please do not hesitate to contact us.

Sincerely,

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