

Premium Adjustment Inquiry

Date: [Insert Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We hope this message finds you well. We are reaching out regarding your insurance policy [Policy Number]. Our records indicate a potential adjustment in your premium due to [specify reason - e.g., updated risk assessment, changes in coverage, etc.].

To ensure transparency and clarity, we kindly request your input or any supporting documentation that may assist in reviewing this adjustment.

Please feel free to contact us at [Phone Number] or [Email Address] should you have any questions or need further assistance regarding this matter.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]