

Preventive Measure Premium Adjustment Notice

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you of an adjustment to your insurance premium due to recent preventive measures implemented in accordance with our policy guidelines. As part of our commitment to ensuring your safety and reducing risks, our team has reviewed your current policy and identified necessary changes.

The new premium amount will be [Insert New Premium Amount], effective from [Insert Effective Date]. This adjustment is made to reflect the added value of the preventive measures in place and ensure comprehensive coverage for you and your assets.

We appreciate your understanding and cooperation in this matter. Should you have any questions or require further information, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for your continued trust in our services.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Phone Number]