

Adjusted Insurance Premium Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you of an adjustment to your insurance premium effective [Effective Date]. This adjustment is a result of [brief explanation of reason for adjustment, e.g., changes in coverage, risk assessment, etc.].

Your previous premium was: \$[Previous Premium Amount]

Your new premium will be: \$[New Premium Amount]

We understand that any changes to your premium may raise questions. Please feel free to contact us at [Customer Service Phone Number] or [Customer Service Email] for any assistance you may need.

Thank you for choosing [Insurance Company Name] as your insurance provider. We appreciate your continued trust in us.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]