

Confirmation of Insurance Premium Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to confirm the adjustments made to your insurance premium following the recent settlement of your claim (Claim Number: [Insert Claim Number]).

Effective [Effective Date], your new annual premium will be [New Premium Amount]. This adjustment reflects the outcome of your claim and the subsequent review of your policy.

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

Thank you for your continued trust in [Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]