

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Notification of Premium Adjustment for Policy #[Policy Number]

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your insurance needs. We are writing to inform you that your policy is approaching its renewal date on [Renewal Date].

As part of the renewal process, we have reviewed your policy and adjusted your premium. These adjustments are based on [briefly state reason, e.g., changes in coverage, market rates, or claims history].

Renewal Summary:

- Current Premium: \$[Amount]
- New Renewal Premium: \$[Amount]
- Effective Date: [Date]

Your new coverage details and updated policy documents are enclosed with this letter. Please review them carefully to ensure the coverage levels still meet your requirements.

If you have automatic payments scheduled, the new amount will be deducted starting on [Billing Date]. If you pay manually, please ensure the updated amount is paid by the due date to avoid any lapse in coverage.

If you have any questions regarding these changes or would like to discuss your coverage options, please contact our customer service team at [Phone Number] or via email at [Email Address].

Sincerely,

[Name/Department]
[Company Name]