[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Notice of Change in Insurance Carrier

Dear [Recipient Name],

This letter is to formally notify you that [Company Name] will be changing its insurance carrier for [Type of Insurance, e.g., General Liability/Health Insurance] effective [Effective Date].

Our new coverage will be provided by:

New Carrier Name: [New Insurance Company Name]
Policy Number: [New Policy Number]
Coverage Period: [Start Date] to [End Date]

Please note that this change will not result in a lapse of coverage. All active claims initiated under the previous carrier, [Old Carrier Name], will continue to be processed according to their specific guidelines. New claims occurring on or after [Effective Date] should be filed with [New Carrier Name].

Attached to this letter, you will find [List of attachments, e.g., New Certificate of Insurance / New ID Cards].

If you have any questions regarding this transition or require further documentation, please contact [Contact Person Name] at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]