

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

[Date]

[Policyholder Name]
[New Street Address]
[City, State, Zip Code]

Re: Address Change Confirmation and Premium Adjustment for Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that we have successfully updated your residential address in our records as requested on [Date of Request]. Your new address is now listed as:

[New Street Address], [City, State, Zip Code]

Please be advised that changes in location can impact insurance risk ratings and local taxes. As a result of this move, your policy premium has been adjusted.

Adjustment Details:

- Previous Premium Amount: \$[Amount]
- New Premium Amount: \$[Amount]
- Effective Date of Change: [Date]

The difference in premium will be reflected in your next billing statement dated [Date]. If you have already paid your premium in full for the current term, you will receive [an invoice for the balance / a refund check] shortly.

No further action is required from you at this time. However, we recommend reviewing your updated Policy Declarations Page, which is enclosed with this letter.

If you have any questions regarding this adjustment or your coverage, please contact our Customer Service Department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title/Department]
[Company Name]