

[Your Name/Title]
[Business Name]
[Current Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Agent or Broker Name]
[Insurance Company Address]

RE: Policy Number: [Your Policy Number] - Notice of Business Address Change

Dear [Agent Name or Customer Service Department],

I am writing to formally notify you of a change in the business address for [Business Name], currently insured under the policy number mentioned above.

Effective as of [Date of Move], please update your records to reflect our new location:

New Business Address:

[Street Address]
[Suite/Unit Number]
[City, State, Zip Code]

Old Business Address:

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

Please note that this change applies to our (check all that apply):

- Mailing Address
- Physical/Risk Location
- Billing Address

Please review my current coverage to ensure this change does not affect my premiums or policy terms. If any endorsements or adjustments are required, please provide the updated documentation and an invoice for any premium changes.

Kindly send written confirmation once this address modification has been processed.

Sincerely,

[Signature]

[Printed Name]
[Title]