

[Date]

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

Subject: Confirmation of Address Change and Policy Coverage Revision

Dear [Policyholder Name],

This letter confirms that we have successfully updated your residential address in our records to the address listed above, effective [Effective Date].

Please be advised that this change of location has resulted in a revision of your insurance coverage and premium rates. Because insurance risk is assessed based on geographical location, your new policy details are as follows:

- **Policy Number:** [Policy Number]
- **New Premium Amount:** \$[Amount]
- **Billing Frequency:** [Monthly/Quarterly/Annual]
- **Effective Date of Revision:** [Date]

Enclosed with this letter is your updated Policy Declaration Page. We recommend that you review this document carefully to understand the specific adjustments made to your coverage limits and deductibles.

If you have any questions regarding these changes or if any information is incorrect, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Agent Name/Department]
[Company Name]