

[Date]

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

Subject: Confirmation of Address Change and Policy Premium Update

Dear [Customer Name],

This letter confirms that we have successfully updated your residential address in our records for policy number [Policy Number].

Please be advised that your insurance rating and premium are determined based on your primary location. Because your new address is located in a different [Rating Territory/Zip Code], your premium has been adjusted to reflect the risks associated with this area.

**Summary of Changes:**

- **Old Address:** [Old Street Address, City, State]
- **New Address:** [New Street Address, City, State]
- **New Premium Amount:** \$[Amount]
- **Effective Date:** [Date]

Your new billing statement will reflect these changes. If you have any questions regarding how your new location impacts your rate, please contact our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Agent/Representative Name]  
[Company Name]