

[Current Date]

[Policyholder Name]

[Old Street Address]

[City, State, Zip Code]

Subject: Confirmation of Address Change and Regional Policy Compliance

Dear [Policyholder Name],

This letter serves as formal confirmation that we have updated our records regarding your primary residence. Your new contact information is listed below:

New Address:

[New Street Address]

[New City, New State, New Zip Code]

Due to your relocation to a new jurisdiction, we have performed a review of your policy, [Policy Number], to ensure full compliance with regional regulations and state-specific insurance laws. Please be advised of the following updates to your coverage:

- **Premium Adjustments:** Your premium has been adjusted to reflect local tax rates and regional risk assessments effective [Effective Date].
- **Mandatory Coverages:** Your policy now includes [State/Region] mandated protections, specifically [Specific Coverage Name].
- **Regulatory Disclosures:** Attached to this letter is the required [State/Region] Consumer Bill of Rights and updated Privacy Notice.

Please review your updated policy declarations page attached to this letter. If any information is incorrect, or if you have questions regarding how this move affects your specific coverage limits, please contact your agent at [Agent Phone Number] or visit our member portal.

Thank you for keeping your account information current.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]