

[Date]

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

Subject: Confirmation of Address Change and Risk Reassessment

Dear [Customer Name],

This letter is to confirm that we have successfully updated our records regarding your change of address from [Old Address] to [New Address], effective as of [Date].

As part of our standard procedure, an update to your primary location requires a formal risk reassessment. We have completed this review to ensure that your current coverage and terms remain appropriate for your new location.

Summary of Assessment:

- **Status:** [Approved/Modified/Under Review]
- **Premium Adjustment:** [No Change / Increase of \$X / Decrease of \$X]
- **Effective Date:** [Date]

Please review the attached documents for a detailed breakdown of your updated policy terms. No further action is required from you at this time unless you notice any discrepancies in the information provided above.

If you have any questions regarding this reassessment, please contact our support team at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name/Department]
[Company Name]