

[Date]

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

Subject: Confirmation of Address Change and Policy Endorsement

Dear [Policyholder Name],

This letter serves as formal confirmation that we have processed your request to update the mailing address associated with your policy.

Policy Details:

- Policy Number: [Policy Number]
- Effective Date of Change: [Effective Date]
- Previous Address: [Old Address]
- New Address: [New Address]

Enclosed is your Policy Endorsement document. Please review this document carefully and keep it with your original policy records. This update ensures that all future correspondence, billing statements, and legal notices are sent to your correct location.

This change of address does not affect your coverage limits or premium amount unless otherwise noted in a separate communication regarding your specific risk location.

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

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]