[Your Name/Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Annual Update of Contact Information - Policy Number: [Policy Number]

Dear [Policyholder Name],

To ensure that you receive important policy documents, renewal notices, and coverage updates without delay, we request that you review and update your contact information for the upcoming year.

Our records currently show the following information:

- **Primary Phone:** [Phone Number on File]
- **Email Address:** [Email on File]
- **Mailing Address:** [Address on File]

If any of the above information has changed, please update it using one of the following methods:

- Log in to your account at [Website URL].
- Call our customer service department at [Phone Number].
- Complete and return the enclosed contact update form.

In addition to contact details, please notify us if you have experienced any major life changes-such as a change in marital status, a new home purchase, or business expansion-that may require an adjustment to your coverage.

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]