[Company Name]
[Department]
[Street Address]
[City, State, Zip Code]

[Date]

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

Re: Change of Address Endorsement Acknowledgment
Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have processed your request to update the mailing address associated with the policy referenced above.

Please find the enclosed Policy Endorsement reflecting your new contact information. We recommend that you review this document carefully and file it with your original insurance policy records.

Your updated information is as follows:

Previous Address: [Old Street Address, City, State, Zip]
New Address: [New Street Address, City, State, Zip]
Effective Date of Change: [Date]

Please note that this change of address may result in a premium adjustment if the new location affects your risk profile or local tax rates. If an adjustment has occurred, it will be reflected in your next billing statement.

If you did not authorize this change or if there is an error in the information provided, please contact our customer service department immediately at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name of Representative]
[Title]
[Company Name]

Enclosure: Policy Endorsement Document