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

[Date]

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

Subject: Acknowledgment of Policy Change - Address Update

Dear [Policyholder Name],

This letter confirms that we have processed your request to update the address on your Personal Auto Policy.

Policy Number: [Policy Number]
Effective Date of Change: [Effective Date]

Previous Address:
[Old Address], [Old City, State, Zip]

New Address:
[New Address], [New City, State, Zip]

Please review the enclosed Policy Endorsement page. This change may result in a premium adjustment based on the new garaging location of your vehicle(s). Any changes to your premium or billing schedule will be reflected in your next statement.

If any of the information above is incorrect, please contact your agent or our customer service department at [Phone Number] immediately.

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

Sincerely,

[Sender Name/Department]
[Company Name]