[Date]

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

**RE: Acknowledgment of Property Address Change**

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

Dear [Policyholder Name],

This letter serves as formal acknowledgment that we have processed your request to update the location address for your commercial property insurance policy. The insured premises has been updated in our records as follows:

**Previous Address:** [Old Property Address, City, State, Zip Code]

**New Address:** [New Property Address, City, State, Zip Code]

Enclosed with this letter, you will find the formal policy endorsement reflecting this change. Please review the document carefully to ensure that all details, including building descriptions and coverage limits, are accurate for the new location.

Please note that this change in location may result in an adjustment to your premium based on the risk profile of the new site. Any premium adjustments will be reflected in your next billing statement.

We recommend that you keep this acknowledgment and the attached endorsement with your original policy documents. If you have any questions or require further modifications to your coverage, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

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