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

[Date]

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

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

Dear [Policyholder Name],

This letter serves as official acknowledgment that we have updated your renters insurance policy to reflect your new primary residence. As requested, the address change endorsement has been processed.

Updated Policy Information:

- **Effective Date of Change:** [Date]
- **New Insured Location:** [Full New Address]
- **Previous Insured Location:** [Full Old Address]

Please note that a change in location may result in a premium adjustment based on the risk profile of your new neighborhood and building type. Enclosed you will find your updated Policy Declarations Page, which outlines your current coverage limits and any changes to your premium installments.

Your coverage remains continuous, and no further action is required from you at this time. We recommend that you keep a copy of this acknowledgment with your important records.

If you have any questions regarding this endorsement or if any of the information above is incorrect, please contact your agent at [Agent Phone Number] or visit our website at [Website].

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

Sincerely,

[Name/Signature]
[Title/Department]
[Insurance Company Name]