[Date]
[Policyholder Name]
[Current Street Address]
[City, State, Zip Code]

RE: Out of State Relocation Change of Address Endorsement Acknowledgment
Policy Number: [Policy Number]
Effective Date of Change: [Effective Date]

Dear [Policyholder Name],

This letter serves as formal acknowledgment that we have received and processed your request for a change of address due to your out-of-state relocation.

Your records have been updated to reflect your new primary residence:

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

Please be advised that an endorsement has been added to your policy to reflect this change. Relocating to a different state may result in adjustments to your policy terms, coverage limits, or premium rates based on local state regulations and risk factors. Enclosed, you will find your updated policy declarations page.

We recommend that you review the updated documents carefully. If you have any questions regarding how this move affects your coverage or if any additional information is required, please contact your agent or our customer service department at [Phone Number].

Thank you for keeping us informed of your move.

Sincerely,

[Name of Sender/Department]
[Company Name]