[Date]

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

RE: Acknowledgment of Premium Adjustment and Address Change

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

Dear [Insured Name],

This letter serves as formal acknowledgment that we have updated your policy records to reflect your new address as listed above. This change has resulted in a premium adjustment due to the change in rating territory/location risk.

Adjustment Summary:

- Previous Premium: $[Amount]
- New Premium: $[Amount]
- Difference: $[Amount] ([Credit/Debit])

Please find the enclosed Policy Endorsement page reflecting these updates. This document should be kept with your original insurance policy for your records.

If you have any questions regarding this adjustment or if any information is incorrect, please contact your agent at [Agent Phone Number] or our customer service department.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]

Enclosure: Policy Endorsement Page