[Date]

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

Re: General Liability Policy Number: [Policy Number]

Dear [Insured Name],

This letter serves as formal acknowledgment that we have processed your request to update the mailing and/or location address on your General Liability insurance policy.

Updated Information:

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

Attached to this letter, you will find the formal Policy Endorsement reflecting this change. Please review the document carefully and keep it with your original policy records.

Please note that this change may result in a premium adjustment based on the new location's risk profile. If there is a change in your premium, a revised billing statement will be sent separately.

If you have any questions regarding this endorsement or your coverage, please contact your agent at [Agent Phone Number] or email us at [Email Address].

Thank you for your continued business.

Sincerely,

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