[Date]

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

RE: Acknowledgment of Change of Address Endorsement

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

Dear [Policyholder Name],

This letter serves as formal acknowledgment that we have processed the change of address request for your Workers Compensation insurance policy.

Your policy records have been updated to reflect the following mailing and/or physical location address:

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

Please find the enclosed Policy Endorsement reflecting this change. We recommend that you file this document with your original insurance policy for your records. This change may affect your premium if there has been a change in the primary state of operations or local taxing jurisdictions; any such adjustments will be reflected in your next billing statement.

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

Thank you for your continued business.

Sincerely,

[Sender Name/Underwriter Name]
[Insurance Company Name]
[Contact Information]

Enclosure: Change of Address Endorsement Page