[Date]

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

Subject: Endorsement Acknowledgment - Change of Address

Policy Number: [Umbrella Policy Number]

Dear [Policyholder Name],

This letter serves as formal acknowledgment that we have processed your request to update the address on your Personal Umbrella Liability Policy.

The following changes have been recorded in our system:

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

Enclosed you will find the Policy Endorsement reflecting this update. Please review the document carefully and keep it with your original policy records. This change may affect your premium if there has been a change in the primary residence location associated with your underlying policies.

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

Thank you for choosing [Insurance Company Name] for your liability protection.

Sincerely,

[Name of Representative/Underwriter]
[Insurance Company Name]
[Department Name]