

[Your Name]
[Current Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Insurance Agent Name (if known)]
[Company Address]
[City, State, Zip Code]

Subject: Policy Transfer and Adjustment - Policy Number: [Your Policy Number]

To whom it may concern,

I am writing to formally notify you that I will be relocating and downsizing my residence. Consequently, I request to transfer my insurance coverage from my current address to my new address, effective [Date of Move].

Current Address:
[Current Full Address]

New Address:
[New Full Address]

Due to the downsizing of my residence, I would like to request a review of my coverage limits. My new home is a [Type of Home: e.g., Apartment/Condo/Smaller House], and the total value of my personal property has decreased. Please adjust the "Personal Property" and "Dwelling" limits accordingly to reflect these changes.

Please provide me with an updated policy quote and a confirmation of the transfer of coverage. If there are any additional forms or inspections required for this transition, please let me know at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]