

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

[Date]

[Insurance Company Name]
[Agent Name or Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Policy Number: [Your Policy Number]

Dear [Insurance Agent Name],

I am writing to formally request a relocation endorsement for my automobile insurance policy. I will be moving temporarily to attend college and would like to ensure that my coverage remains active and valid at my new location.

Please update my records with the following information:

- **Reason for Relocation:** Attending [Name of College/University]
- **New Garaging Address:** [Student's Local Address at College, City, State, Zip Code]
- **Effective Date of Change:** [Date of Move]
- **Estimated Duration:** [e.g., Academic Year / 4 Years]
- **Vehicle Information:** [Year, Make, and Model of Vehicle]

I confirm that the vehicle will primarily be parked at the address listed above while I am attending classes. Please let me know if this relocation affects my current premium or if there are specific requirements for out-of-state coverage if the college is located in a different state.

Please provide a written confirmation of this endorsement and an updated insurance ID card reflecting these changes.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]