Date: [Current Date]

[Insured Name]
[New Business Address Line 1]
[New Business Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Address Change for Policy #[Policy Number]

Dear [Contact Name],

This letter serves as formal confirmation that we have updated the business address on your commercial insurance policy, effective [Effective Date of Change].

Previous Address:
[Old Address Line 1], [Old City, State, Zip Code]

Updated Address:
[New Address Line 1], [New City, State, Zip Code]

Please review your updated policy documents, which are attached to this correspondence. This change may affect your premium or coverage limits depending on the risk profile of the new location. Any adjustments to your billing will be reflected in your next statement.

If you have any questions regarding this update or if any information listed above is incorrect, please contact your account manager at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name] for your business insurance needs.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]