

[Date]

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

Subject: Notification of Premium Revision due to Address Change

Dear [Policyholder Name],

This letter is to confirm that we have successfully updated your residential address in our records for policy number **[Policy Number]**.

Please be advised that insurance premiums are calculated based on several factors, including geographical location. Due to your move to [New City/Zip Code], your policy premium has been revised to reflect the rating factors of your new location.

Revised Premium Details:

- Previous Premium Amount: [Amount]
- New Premium Amount: [Amount]
- Effective Date of Change: [Date]

The difference in premium will be applied to your next billing cycle. All other terms and conditions of your policy remain unchanged.

If you have any questions regarding this adjustment, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]