

[Date]

[Insured Name - New]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Re: Acknowledgment of Name Change**

Dear [Contact Person Name],

This letter is to formally acknowledge that we have received and processed your request to update the legal name on your commercial insurance policy.

**Policy Details:**

- **Previous Name:** [Former Entity Name]
- **New Registered Name:** [New Entity Name]
- **Policy Number(s):** [List Policy Numbers]
- **Effective Date of Change:** [Date]

Our records have been updated to reflect this change. Please find the enclosed policy endorsement(s) showing the updated named insured. We recommend that you keep these documents with your original policy files.

Please note that this update is a change of name only and does not alter your existing coverage limits, terms, or conditions unless otherwise specified in an accompanying endorsement.

If you have any questions or if any further adjustments are required, please contact your agent or our customer service department at [Phone Number].

Thank you for your continued business.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]