

[Date]
[Policy Number]
[Case Reference Number]

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

Subject: Acknowledgment of Name Change Update

Dear [New Name of Primary Insured],

This letter is to confirm that we have successfully processed the request to update the name of the Primary Insured on the above-referenced policy.

Our records have been updated as follows:

Former Name: [Previous Full Name]
New Name: [New Full Name]

All future correspondence and billing statements will be addressed to your new name. This change does not affect your coverage limits, policy terms, or premium amounts. Please keep this letter with your insurance documents for your records.

If you have any questions or if you notice any errors in the information provided above, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]