

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

[Date]

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

Subject: Notification of Relocation and Request for State Transfer Coverage Adjustment

Dear [Agent Name or Customer Service Team],

I am writing to formally notify you of my upcoming relocation to a new state and to request a transfer and adjustment of my current insurance coverage. My policy details are as follows:

- **Policy Number:** [Your Policy Number]
- **Type of Policy:** [e.g., Auto, Homeowners, Renters]
- **Effective Date of Move:** [Date]

Please update my records to reflect my new primary residence address:

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

I understand that moving to a different state may result in changes to state-mandated coverage limits, local taxes, and premium rates. I request that you perform the following actions:

1. Adjust my policy to meet the minimum legal requirements of [New State].
2. Provide me with a revised quote reflecting any changes in the premium.
3. Inform me if a new policy must be issued under a local subsidiary or if any additional documentation is required.

Please confirm the receipt of this request and let me know if there are any further steps I need to take to ensure there is no lapse in my coverage during this transition.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]