[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Confirmation of Change in Class of Use - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have processed the requested change to your vehicle insurance policy. As per your instructions, your vehicle's class of use has been updated as follows:

- **Previous Class of Use:** Commuting
- **New Class of Use:** Social, Domestic, and Pleasure
- **Effective Date:** [Date of Change]

Based on this change, your vehicle is no longer covered for travel to and from a permanent or temporary place of work. Your coverage is now restricted to personal use, social activities, and general domestic tasks.

Please find enclosed your updated Policy Schedule. We recommend reviewing this document to ensure all details are correct. Your premium has been adjusted to [Amount], reflecting this change in usage risk.

If you have any questions or if your circumstances change in the future, please contact our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]