[Date]

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

Re: Confirmation of Class of Use Change - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that the Class of Use for your Artisan Contractor insurance policy has been updated as per your recent request.

Updated Classification Details:

- **Previous Classification:** [Old Class of Use]
- **New Classification:** [New Class of Use]
- **Effective Date of Change:** [Date]

Based on this change, your coverage now reflects the specific risks associated with your current trade operations. Please review the attached endorsement page for any adjustments to your premium or specific coverage limits resulting from this reclassification.

It is important to notify us immediately if there are further changes to the types of services you provide, the tools you use, or if you begin performing work outside of this new classification.

If you have any questions regarding this update, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]