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

[Date]

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

Subject: Confirmation of Update to Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter confirms that we have successfully updated the annual mileage and class of use for your insurance policy, effective as of [Effective Date].

The updated details are as follows:

- **Vehicle:** [Year, Make, and Model]
- **New Annual Mileage:** [Number] miles
- **New Class of Use:** [e.g., Social, Domestic and Pleasure / Commuting / Business Use]

Please review these details carefully. Your premium has been adjusted to [New Premium Amount] based on these changes. You will receive a revised Policy Schedule and Certificate of Insurance via [Email/Mail] within [Number] business days.

It is important to ensure your class of use and mileage estimates remain accurate to ensure your coverage is valid in the event of a claim. If any of the information above is incorrect, please contact us immediately at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Agent Name/Department]
[Company Name]