

[Date]

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

Re: Notice of Lienholder Information Update and Policy Delivery

Policy Number: [Policy Number]
Insured Name: [Insured Name]
Collateral/Property: [Description of Property/Vehicle VIN]

To Whom It May Concern,

This letter is to formally notify you that we have updated the lienholder records for the above-referenced insurance policy as per the request of the insured.

Enclosed, please find the updated insurance policy declarations page reflecting your interest as the loss payee/lienholder. Please update your records to reflect the following information for all future correspondence and notices:

Updated Lienholder Name: [New Lienholder Name]
Updated Billing/Mailing Address: [New Address]
Effective Date of Change: [Date]

The enclosed document serves as proof of coverage. If you require any additional documentation or have questions regarding the coverage limits and effective dates, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Agent Name/Agency Name]
[Phone Number]
[Email Address]

Enclosure: Policy Declarations Page