

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

[Date]

[Insurance Company Name]
[Insurance Agent Name (if applicable)]
[Insurance Company Address]
[City, State, Zip Code]

RE: Policy Number: [Your Policy Number]
Subject: Relocation and Downsizing Coverage Adjustment

Dear [Insurance Agent Name or Customer Service Department],

I am writing to formally notify you that I will be relocating to a new residence on [Move Date]. As part of this move, I am downsizing my living space and have significantly reduced the volume of my personal belongings.

Please update my policy with the following new address information:

- **New Address:** [New Street Address, Unit/Apt Number, City, State, Zip Code]
- **Effective Date:** [Date Coverage Should Begin at New Location]

Due to the smaller square footage of the new residence and the reduction in my personal property, I would like to request an adjustment to my coverage limits. Specifically, I am requesting:

- A reduction in Personal Property (Contents) coverage to \$[Requested Amount].
- An adjustment to Liability coverage (if applicable).
- A review of my premium based on the new location and reduced risk.

Please provide me with a revised policy summary and a quote for the adjusted premium. I would also appreciate confirmation of any credits or refunds due on my account resulting from these changes.

Thank you for your assistance with this transition. I look forward to receiving the updated documentation.

Sincerely,

[Your Signature]

[Your Printed Name]