

Insurance Policy Changes Notification

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Address: [Insert Address]

Dear [Policyholder Name],

We are writing to inform you of important changes to your insurance policy with [Insurance Company Name]. These changes will take effect on [Effective Date].

Summary of Changes:

- Change 1: [Brief Description of Change]
- Change 2: [Brief Description of Change]
- Change 3: [Brief Description of Change]

If you have any questions or concerns regarding these changes, please feel free to contact our customer service department at [Customer Service Phone Number] or [Customer Service Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Insurance Company Name]

[Company Contact Information]