

Account Insurance Policy Change Notification

Date: [Insert Date]

To: [Policyholder's Name]

[Policyholder's Address]

[City, State, ZIP Code]

Dear [Policyholder's Name],

We are writing to inform you of changes to your insurance policy with us, policy number [Policy Number].

Effective [Effective Date], the following changes will be made to your policy:

- [Change 1: Description of the change]
- [Change 2: Description of the change]
- [Change 3: Description of the change]

If you have any questions about these changes or would like to discuss your policy further, please do not hesitate to contact us at [Contact Number] or [Email Address].

Thank you for your continued trust in our services.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, ZIP Code]

[Company Phone Number]

[Company Email Address]