

Notification of Policy Terms Adjustment

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are writing to inform you of adjustments that will be made to the terms of your insurance policy, effective [Insert Effective Date]. These changes are necessary to ensure that we continue to provide you with the best possible coverage and service.

Summary of Changes:

- **Coverage Limits:** [Details of new coverage limits]
- **Premium Adjustments:** [Details of premium changes]
- **Exclusions:** [Details of any new exclusions]

If you have any questions or require further clarification regarding these changes, please do not hesitate to contact our customer service team at [Insert Contact Information].

Thank you for your understanding and continued trust in us.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Phone Number]