

Insurance Change Confirmation

Date: [Insert Date]

Dear [Policyholder's Name],

We are writing to confirm the recent changes made to your insurance policy, effective as of [Effective Date]. The following adjustments have been made:

- Coverage Type: [New Coverage Type]
- Premium Amount: [New Premium Amount]
- Deductible: [New Deductible Amount]
- Additional Notes: [Any additional details]

If you have any questions or require further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for being a valued customer.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]