

Notification of Insurance Document Amendment

Date: [Date]

To: [Recipient Name]

[Recipient Address]

Dear [Recipient Name],

We are writing to inform you that there has been an amendment to your insurance policy with [Insurance Company Name]. The details of the amendment are as follows:

- **Policy Number:** [Policy Number]
- **Effective Date of Amendment:** [Effective Date]
- **Details of Amendment:** [Description of Amendment]

Please review the amended policy documents attached to this notification. If you have any questions or require further clarification, do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]