Adjustment Notification for Valued Policy Insurance

Date: [Insert Date]
To:
[Insured's Name]
[Insured's Address]
[City, State, ZIP Code]
Dear [Insured's Name],
We are writing to inform you of an important adjustment related to your valued policy with us, policy number [Policy Number]. After a recent review, we have made the following changes:
 Adjustment Type: [Insert Type of Adjustment] Effective Date: [Insert Effective Date] New Coverage Amount: [Insert New Coverage Amount] Premium Change: [Insert Premium Change]
This adjustment has been made to ensure that your coverage accurately reflects your current needs. We appreciate your understanding and trust you place in us.
If you have any questions regarding this adjustment, please don't hesitate to contact us at [Contact Information].
Thank you for choosing [Insurance Company Name].
Sincerely,
[Your Name]
[Your Position]
[Insurance Company Name]
[Contact Information]