

# Notification of Alteration of Valued Insurance Policy

**Date:** [Insert Date]

**To:** [Policyholder's Name]

**Address:** [Policyholder's Address]

Dear [Policyholder's Name],

We are writing to inform you about an alteration to your valued insurance policy, policy number [Insert Policy Number]. This change will take effect on [Insert Effective Date].

The following alterations have been made:

- [Detail of alteration 1]
- [Detail of alteration 2]
- [Detail of alteration 3]

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

Thank you for your continued trust in [Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Insurance Company Address]