

# Insurance Policy Change Confirmation

Dear [Policyholder's Name],

We are writing to confirm the recent changes made to your insurance policy, effective [Effective Date]. Below are the details of the changes:

## Policy Information

**Policy Number:** [Policy Number]

**Type of Insurance:** [Type of Insurance]

## Changes Made

- [Change Description 1]
- [Change Description 2]
- [Change Description 3]

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

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]