

Notification of Insurance Policy Modification

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you of a modification to your insurance policy with us, effective [Effective Date].

Policy Details:

- Policy Number: [Insert Policy Number]
- Previous Coverage: [Insert Previous Coverage Details]
- New Coverage: [Insert New Coverage Details]
- Premium Change: [Insert New Premium Amount]

If you have any questions regarding these changes or wish to discuss your policy further, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for choosing [Insurance Company Name]. We appreciate your trust in us.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]