

Policy Amendment Confirmation

[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

We are writing to confirm the amendment made to your policy #[Policy Number]. This amendment takes effect on [Effective Date].

Summary of Amendments:

- [Description of Amendment 1]
- [Description of Amendment 2]
- [Description of Amendment 3]

Please review the attached document for full details of the amendments. If you have any questions or need further assistance, do not hesitate to contact us at [Contact Information].

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

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]