

# Contractor Insurance Policy Amendment Notification

Date: [Insert Date]

To: [Contractor Name]

Address: [Contractor Address]

Dear [Contractor Name],

We are writing to inform you of the amendments made to your insurance policy with policy number [Policy Number]. These amendments are effective as of [Effective Date]. Below are the details of the changes:

## Amendment Details:

- **Coverage Type:** [New Coverage Type]
- **Coverage Amount:** [New Coverage Amount]
- **Exclusions:** [Any New Exclusions]
- **Premium Adjustment:** [New Premium Amount]

We recommend that you review these changes carefully. If you have any questions or need further clarification, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]