

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.

Policy Number: [Insert Policy Number]

Effective Date of Modification: [Insert Effective Date]

The following changes have been made to your policy:

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

Should you have any questions regarding this modification, please do not hesitate to contact our customer service team at [Insert Contact Information].

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

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Company Contact Information]