

# Notification of Change in Insurance Policy Amount

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. We are writing to inform you about a change in the amount of your insurance policy with us.

Policy Number: [Insert Policy Number]

Previous Amount: [Insert Previous Amount]

New Amount: [Insert New Amount]

This change will take effect on [Insert Effective Date]. We want to assure you that this adjustment reflects our commitment to providing you with the best possible coverage and service.

If you have any questions or require further assistance, please do not hesitate to contact our customer service department at [Insert Contact Information].

Thank you for your understanding.

Sincerely,

[Your Company Name]

[Your Company Contact Information]