

Insurance Policy Change Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name],

This letter is to confirm the changes made to my insurance policy with [Insurance Company Name] as discussed on [Date of Discussion]. The details of the changes are as follows:

- **Policy Number:** [Insert Policy Number]
- **Changes Made:** [Describe Changes]
- **Effective Date:** [Insert Effective Date]

Thank you for your assistance.

Sincerely,

[Your Name]