

# Insurance Policy Change Acknowledgment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Policyholder: [Policyholder Name]

Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to confirm that we have received your request for a change to your insurance policy dated [Insert Original Policy Date]. Your request is currently being processed.

Details of the requested change:

- Requested Change: [Description of Change]
- Date of Request: [Insert Date of Request]

We strive to ensure that all policy changes are handled promptly. You will receive a confirmation once the changes have been approved and updated in our system.

If you have any questions or require further information, please do not hesitate to contact us at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]