

Summary of Insurance Policy Changes

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are writing to inform you of recent changes to your insurance policy. Below is a summary of these changes:

Policy Changes:

- Coverage Change: [Details of the coverage change]
- Premium Adjustment: [Details of the premium adjustment]
- Exclusions/Limitations: [Details of any new exclusions or limitations]
- Effective Date: [Date when the changes take effect]

Next Steps:

Please review the updates carefully. If you have any questions or require further clarification, do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[Company Phone Number]