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# Change of Address Letter to Insurance Company

[Your Name]

[Policy Number: XXXXX]

[Old Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Customer Service Department]

[Company Address]

[City, State, ZIP Code]

**Subject:** Policyholder Change of Address Notification

**Dear [Customer Service/Insurance Representative's Name],**

I am writing to inform you of my recent change of address. Kindly update your records to ensure that all correspondence and policy-related documents are sent to my new address.

**Old Address:**

[Old Address]

[City, State, ZIP Code]

**New Address:**

[New Address]

[City, State, ZIP Code]

Please confirm receipt of this letter and the update of my policy records. Should you require any further information, do not hesitate to contact me at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

**Sincerely,**

[Your Name]