

<Company Logo>  
<Company Address>

# NOTICE OF CHANGE IN POLICY TERMS

INSURED COPY

For Policy Customer Service Call: (XXX) XXX-XXXX

Policy Number	Policy Type	Policy Period	Date
		[MM/DD/YYYY] – [MM/DD/YYYY] 12:01 AM Standard Time at the Residence Premises	

<b>Named Insured and Address</b>  <Named Insured> <Named Insured Address>	<b>Agent:</b>  <Agent Name> <Agent Number> <Agent Address> <Agent Phone #>
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## NOTICE OF CHANGE IN POLICY TERMS

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**We are sending you this notice to inform you about important changes to your policy.**

**Changes to your policy:**

<Insert Policy Changes>

If you have any questions regarding this notice, please contact your agent. Your agent's contact information is conveniently displayed above.