[Date]

[Insurance Company Name]
[Insurance Agent Name]
[Street Address]
[City, State, Zip Code]

RE: NOTICE OF CHANGE IN LOSS PAYEE / MORTGAGEE CLAUSE

Policy Number: [Insurance Policy Number]

Insured Name: [Borrower/Business Name]

Property Address: [Collateral Property Address]

Loan Number: [Loan Number]

To Whom It May Concern,

Please be advised that the servicing of the above-referenced commercial loan has been transferred. Effective [Transfer Date], the new servicer will be responsible for managing the escrow and/or insurance requirements for this account.

Please update your records to reflect the new Mortgagee/Loss Payee clause as follows:

[New Servicer Name]
Its Successors and/or Assigns ATIMA
[New Servicer Address]
[City, State, Zip Code]

Please provide a copy of the updated Certificate of Insurance or Policy Declaration page showing the new loss payee clause via one of the following methods:

- Email: [Email Address for Insurance Documents]
- Fax: [Fax Number]
- Mail: [Mailing Address for Correspondence]

All future premium billings and renewal notices should be sent to the address listed above. If you have any questions regarding this transfer, please contact our Customer Service Department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]
[New Servicer Name]