

[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

Re: Confirmation of Coverage Limit Adjustment - Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that the requested changes to your auto insurance coverage limits have been processed and are now in effect as of [Effective Date].

The updated coverage limits for your [Year, Make, and Model of Vehicle] are as follows:

- **Bodily Injury Liability:** \$[Limit Amount] per person / \$[Limit Amount] per accident
- **Property Damage Liability:** \$[Limit Amount]
- **Uninsured/Underinsured Motorist:** \$[Limit Amount]
- **Comprehensive Deductible:** \$[Amount]
- **Collision Deductible:** \$[Amount]

As a result of these adjustments, your new premium amount is \$[New Premium Amount], effective [Billing Cycle Date].

Please review your updated Policy Declarations page, which is attached to this letter, to ensure all information is accurate. If you have any questions or did not authorize these changes, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name/Company Representative]
[Insurance Company Name]