

[Date]

[Insured Name]

[Attention Name/Department]

[Mailing Address]

[City, State, Zip Code]

Re: Confirmation of Coverage Limit Adjustment

Policy Type: Commercial General Liability

Policy Number: [Policy Number]

Effective Date of Change: [Effective Date]

Dear [Insured Name],

This letter confirms that the coverage limits for your Commercial General Liability policy have been adjusted as per your recent request. The updated limits are detailed below:

- General Aggregate: \$[New Amount]
- Products/Completed Operations Aggregate: \$[New Amount]
- Personal and Advertising Injury: \$[New Amount]
- Each Occurrence: \$[New Amount]
- Damage to Premises Rented to You: \$[New Amount]
- Medical Expense (Any one person): \$[New Amount]

Please find the enclosed Policy Endorsement reflecting these changes. We recommend that you review this document carefully and keep it with your original policy files.

As a result of this adjustment, your policy premium has been revised. [Optional: A separate invoice is attached / The adjusted premium will be reflected in your next billing cycle].

If you have any questions or require further modifications to your coverage, please contact our office at [Phone Number] or via email at [Email Address].

Sincerely,

[Agent/Broker Name]

[Agency Name]

[Title]

Enclosure: Policy Endorsement