

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Confirmation of Workers Compensation Coverage Limit Adjustment

Dear [Policyholder Name],

This letter serves as formal confirmation that the coverage limits for your Workers Compensation insurance policy have been adjusted as requested.

Policy Details:

- **Policy Number:** [Policy Number]
- **Effective Date of Change:** [Effective Date]

Adjusted Limits of Liability:

- **Bodily Injury by Accident:** \$[Amount] each accident
- **Bodily Injury by Disease:** \$[Amount] policy limit
- **Bodily Injury by Disease:** \$[Amount] each employee

Please review these changes carefully. An updated policy endorsement reflecting these new limits is attached to this letter for your records. As a result of this adjustment, your premium has been recalculated to \$[New Premium Amount].

If you have any questions regarding these changes or require further assistance, please contact our customer service department at [Phone Number] or your insurance agent.

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Name of Representative]
[Title]
[Company Name]