

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Umbrella Policy Coverage Limit Adjustment

Dear [Insured Name],

This letter serves as formal confirmation that the coverage limit for your Personal Umbrella Liability Policy has been adjusted as per your recent request.

Policy Details:

- **Policy Number:** [Policy Number]
- **Previous Coverage Limit:** \$[Amount]
- **New Coverage Limit:** \$[Amount]
- **Effective Date of Change:** [Date]

Please review the enclosed updated Policy Declarations Page for full details regarding your coverage and any changes to your premium. The adjusted premium reflecting this change will be applied to your next billing cycle.

It is important to ensure that your underlying insurance policies (such as Auto and Homeowners) continue to meet the minimum retained limit requirements specified in your umbrella policy agreement to maintain valid coverage.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

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