

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Confirmation of Professional Liability Coverage Limit Adjustment

Dear [Policyholder Name],

This letter serves as formal confirmation that the coverage limits for your Professional Liability Insurance policy have been adjusted as requested. These changes are effective as of [Effective Date].

Policy Details:

- **Policy Number:** [Policy Number]
- **Previous Limit:** \$[Amount] per claim / \$[Amount] aggregate
- **New Updated Limit:** \$[Amount] per claim / \$[Amount] aggregate

Please note that this adjustment may result in a change to your premium. An updated declarations page and premium invoice reflecting these changes are attached to this letter for your records.

We recommend reviewing your updated policy documents to ensure the new limits align with your professional requirements. If you have any questions regarding this adjustment or your coverage in general, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name/Signature]

[Your Title]

[Insurance Company Name]