

[Company Header/Logo]

[Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

Re: Confirmation of Coverage Limit Adjustment

Policy Number: [Policy Number]

Property Address: [Insured Property Address]

Dear [Policyholder Name],

This letter serves as formal confirmation that the coverage limits for your commercial property insurance policy have been adjusted as requested on [Date of Request].

The updated coverage details are as follows:

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

Please note that this adjustment may result in a change to your premium. An updated declarations page and premium invoice reflecting these changes will be sent to you separately within [Number] business days.

We recommend reviewing these new limits to ensure they accurately reflect the current replacement cost of your building, equipment, and inventory. If you have any questions or require further modifications, please contact your agent at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]