

[Date]

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

Re: Confirmation of Coverage Limit Adjustment

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

Dear [Insured Name],

This letter serves as formal confirmation that we have processed the requested adjustment to your Inland Marine insurance coverage limits. These changes are effective as of [Effective Date].

Summary of Adjustments:

- **Item/Category:** [Description of Equipment/Property]
- **Previous Limit:** \$[Amount]
- **New Limit:** \$[Amount]

Please review the enclosed endorsement page for the full details of your updated policy. Ensure that the new limits accurately reflect the current replacement value or actual cash value of your scheduled items to prevent under-insurance.

As a result of this adjustment, your policy premium has been [increased/decreased] by \$[Amount]. A revised billing statement is attached for your records.

If you have any questions regarding these changes or need further assistance, please contact your agent at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

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

Enclosure: Policy Endorsement