

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Changes to Auto Insurance Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that we have processed the requested reductions to your auto insurance coverage effective [Effective Date].

The following changes have been applied to your policy:

- **Coverage Removed/Reduced:** [e.g., Collision, Comprehensive, or Specific Limit Decrease]
- **Previous Limit:** [Amount]
- **New Limit:** [Amount/Removed]
- **Affected Vehicle(s):** [Year, Make, Model]

As a result of these changes, your new premium amount will be [New Premium Amount]. This change will be reflected in your next billing cycle on [Date].

Please review these changes carefully. Reducing your coverage may increase your out-of-pocket expenses in the event of a claim. If these changes do not reflect your intentions, please contact us immediately at [Phone Number] or [Email Address].

Updated policy documents and your new insurance ID cards (if applicable) are enclosed with this letter.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent/Representative Name]

[Insurance Company Name]

[Contact Information]