

[Company Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Client Name]  
[Client Business Name]  
[Client Address]  
[City, State, Zip Code]

**RE: Confirmation of Reduction in Commercial Liability Limits**

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

Dear [Client Name],

This letter serves as formal confirmation that, per your request on [Request Date], we have processed a reduction in the coverage limits for your Commercial General Liability insurance policy.

The coverage limits have been adjusted as follows:

- **Previous Limit:** \$[Amount] per occurrence / \$[Amount] aggregate
- **New Limit:** \$[Amount] per occurrence / \$[Amount] aggregate

Please note that this reduction in limits may affect your compliance with certain contracts, leases, or licensing requirements that mandate specific minimum insurance levels. We recommend reviewing your current business agreements to ensure these new limits remain sufficient.

Enclosed you will find the updated policy declarations page reflecting these changes. If you have any questions regarding this adjustment or wish to discuss your coverage options further, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Company Name] for your business insurance needs.

Sincerely,

[Name]  
[Title]  
[Company Name]