

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Requested Coverage Reduction - Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that we have processed the changes you requested to your insurance policy, effective [Effective Date of Change].

Based on our recent communication, the following reductions have been applied to your coverage:

- **[Coverage Type 1]:** Reduced from [Old Limit/Amount] to [New Limit/Amount]
- **[Coverage Type 2]:** [Description of removal or reduction]
- **[Deductible Change]:** Changed from [Old Amount] to [New Amount]

Please note that reducing your coverage limits or increasing your deductibles may result in higher out-of-pocket costs for you in the event of a claim. It is important to ensure these new limits still meet your financial needs and any legal or contractual obligations you may have (such as loan requirements).

As a result of these changes, your new premium is [New Premium Amount]. [Choose one: A refund of \$XX.XX will be issued / Your next billing statement will reflect this adjusted amount].

An updated Policy Declarations page is enclosed with this letter. Please review it carefully to ensure all information is correct. If you have any questions or if you did not authorize these changes, please contact us immediately at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name of Representative/Agent]

[Title]

[Company Name]