

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Dear [Policyholder Name],

This letter serves as formal confirmation that the requested changes to your insurance policy have been processed and are now in effect as of [Effective Date].

As requested, the following adjustments have been made to your coverage:

- **Deductible Increase:** Your deductible has been increased from \$[Old Amount] to \$[New Amount].
- **Coverage Reduction:** The following coverage limits or benefits have been reduced: [List specific reductions here, e.g., removal of glass coverage or reduction in liability limits].

Please note that increasing your deductible and reducing coverage limits typically results in a lower premium; however, it also increases your out-of-pocket responsibility in the event of a claim. We recommend reviewing these changes carefully to ensure they align with your financial requirements.

Updated policy documents and your new declarations page are enclosed with this letter. Please keep these for your records.

If you have any questions regarding these changes or if you wish to discuss further adjustments to your policy, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Name of Representative/Agent]

[Title]

[Company Name]