

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Confirmation of Reduction in Umbrella Liability Policy Limits

Dear [Policyholder Name],

This letter serves as formal confirmation that, per your request on [Date], we have processed a reduction in the coverage limits for your Personal Umbrella Liability Policy.

Policy Details:

- **Policy Number:** [Policy Number]
- **Previous Limit:** \$[Amount]
- **New Limit:** \$[Amount]
- **Effective Date of Change:** [Date]

Please find the enclosed amended Declarations Page reflecting this change. We recommend that you review this document carefully and keep it with your original policy files.

As a reminder, an Umbrella policy provides excess liability coverage over your primary policies (such as Auto or Homeowners). By reducing your limit, you are decreasing the total amount of protection available in the event of a catastrophic claim or legal judgment.

If you have any questions regarding this change or if you would like to discuss your overall coverage needs, please contact your agent at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]