

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Acknowledgment of Decrease in Auto Coverage Limits - Policy #[Policy Number]

Dear [Policyholder Name],

This letter serves as formal acknowledgment of your request to decrease the coverage limits on your automobile insurance policy. We have processed the following endorsement as per your instructions:

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

Please review your updated Policy Declarations Page, which is enclosed with this letter, to ensure the details accurately reflect your requested changes. Reducing your coverage limits may result in higher out-of-pocket costs in the event of a claim.

By accepting this endorsement, you acknowledge that you understand the implications of carrying lower limits and that these changes meet your current insurance needs.

If you have any questions regarding this adjustment or if you wish to discuss your coverage further, please contact your agent at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Signature]

[Name of Representative]

[Title]

[Company Name]