

[Company Header/Letterhead]

[Date]

[Insured Name]

[Mailing Address]

[City, State, Zip Code]

RE: Acknowledgment of Endorsement - Decrease in Coverage Limits

Policy Number: [Policy Number]

Property Location: [Property Address]

Effective Date of Change: [Effective Date]

Dear [Insured Name],

This letter serves as formal acknowledgment of your request to decrease the coverage limits on the commercial property insurance policy referenced above.

The following changes have been processed via endorsement:

- **Previous Limit:** \$[Amount]
- **Revised Limit:** \$[Amount]
- **Coverage Type:** [e.g., Building/Business Personal Property]

Please review the attached endorsement document carefully. It is important to ensure that the revised limits remain sufficient to cover the replacement cost or actual cash value of your property as required by your policy terms and any lienholder agreements.

By decreasing these limits, you acknowledge that in the event of a total loss, the maximum amount payable by the insurer will be restricted to the new, lower limit stated above.

If you have any questions regarding this change or require further adjustments, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]

[Title]

[Insurance Company/Agency Name]

Enclosure: Policy Endorsement Schedule