

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Effective Date of Change: [Insert Date]

Letter of Acknowledgment: Liability Coverage Limit Reduction

To [Insurance Company Name/Agent Name],

I am writing to formally acknowledge and confirm my request to reduce the liability coverage limits on the above-referenced insurance policy.

Revised Liability Limits:

- Current Limit: [Insert Old Amount]
- New Limit: [Insert New Amount]

I understand that by signing this endorsement and reducing my liability limits, I am decreasing the maximum amount the insurance company will pay in the event of a covered claim. I acknowledge that I may be personally responsible for any costs, damages, or legal fees that exceed these new, lower limits.

I confirm that I have been advised of the risks associated with lowering my coverage and have decided to proceed with this change to my policy.

Please process this endorsement effective as of [Insert Date].

Sincerely,

Signature of Policyholder

Printed Name

Date Signed