

head>

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Acknowledgment of Request to Decrease Coverage Limits

Policy Number: [Policy Number]

Effective Date of Change: [Date]

Dear [Insured Name],

This letter is to formally acknowledge your request to decrease the coverage limits on the above-referenced insurance policy. We have processed the endorsement as per your instructions.

The updated coverage limits are as follows:

- [Coverage Type A]: [New Limit Amount]
- [Coverage Type B]: [New Limit Amount]

Please find the enclosed Policy Endorsement page, which outlines the modified terms and any applicable premium adjustments resulting from this change. We recommend that you review this document carefully and keep it with your original policy records.

By decreasing these limits, you acknowledge that your insurance protection is now reduced. Should you have any questions regarding how these changes affect your overall coverage or if you wish to discuss your insurance needs further, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Signature]

[Title]

[Insurance Company Name]