

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: Confirmation of Decrease in Coverage Limits

Policy Number: [Policy Number]

Property Address: [Insured Property Address]

Dear [Policyholder Name],

This letter confirms that we have processed your request to decrease the coverage limits on your homeowners insurance policy. These changes are effective as of [Effective Date].

The revised coverage limits are as follows:

- **Coverage A (Dwelling):** \$[New Limit]
- **Coverage B (Other Structures):** \$[New Limit]
- **Coverage C (Personal Property):** \$[New Limit]
- **Coverage D (Loss of Use):** \$[New Limit]
- **Coverage E (Personal Liability):** \$[New Limit]
- **Coverage F (Medical Payments):** \$[New Limit]

As a result of these reductions, your new policy premium is \$[New Premium Amount]. [Select one: Your refund of \$[Amount] will be issued shortly / Your future installments will be adjusted accordingly].

Please review the enclosed Amended Declarations Page carefully. It is important to ensure that these lower limits still meet the requirements of your mortgage lender (if applicable) and sufficiently protect your assets.

If you have any questions or wish to make further adjustments, please contact your agent at [Agent Phone Number] or visit our website at [Website URL].

Sincerely,

[Name/Signature]
[Title]
[Company Name]