

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Subject: Acknowledgment of Coverage Decrease Endorsement - Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to formally acknowledge the recent change to your Workers Compensation insurance policy. This letter confirms that an endorsement has been issued to decrease your coverage as requested.

Summary of Changes:

- **Endorsement Effective Date:** [Effective Date]
- **Description of Decrease:** [Briefly describe change, e.g., removal of state, reduction in limits, or deletion of specific classification codes]
- **Premium Adjustment:** [Amount of credit or "To be determined"]

Please review the attached endorsement document carefully to ensure the details align with your request. This document is now a legal part of your insurance contract and should be kept with your original policy files.

The decrease in coverage may result in a premium credit, which will be applied to your account as [Description of application, e.g., credit to next invoice or refund check].

If you have any questions regarding this change or if any information appears incorrect, please contact your agent or our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]