

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Acknowledgment of Decrease in General Liability Coverage Limits

Policy Number: [Policy Number]
Effective Date of Change: [Effective Date]

Dear [Insured Name],

This letter serves as formal acknowledgment of your request to decrease the coverage limits on your General Liability insurance policy. We have processed Endorsement #[Number] to reflect these changes.

The updated limits of liability are as follows:

- General Aggregate: \$[Amount]
- Products/Completed Operations Aggregate: \$[Amount]
- Personal and Advertising Injury: \$[Amount]
- Each Occurrence: \$[Amount]
- Damage to Premises Rented to You: \$[Amount]
- Medical Expense (Any One Person): \$[Amount]

Please review the attached endorsement carefully to ensure the limits align with your current requirements. Reducing your coverage limits may affect your compliance with certain contracts, leases, or licensing agreements.

Your adjusted premium reflecting this change is \$[Amount]. [Select one: An invoice is attached / A credit will be applied to your account].

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 Sender]
[Title]
[Insurance Company/Agency Name]