

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Acknowledgment of Endorsement - Reduction in Umbrella Liability Limits

Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal acknowledgment of your request to reduce the coverage limits on your Umbrella Liability Insurance policy. We have processed the requested endorsement effective as of [Effective Date].

Your previous coverage limit of \$[Old Limit] has been decreased to \$[New Limit]. As a result of this change, your revised premium for the remainder of the policy term is \$[New Premium Amount].

Please find the enclosed updated Policy Declarations Page and the Endorsement Schedule reflecting these changes. We recommend that you review these documents carefully and keep them with your original policy files.

By electing to reduce your limits, you acknowledge that you have less liability protection in the event of a catastrophic loss. If you wish to discuss how this reduction impacts your overall insurance portfolio or if you would like to adjust your limits again in the future, please contact our office at [Phone Number].

Thank you for choosing [Insurance Agency/Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]

Enclosures: Updated Declarations Page, Endorsement Schedule