

[Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

Subject: Acknowledgment of Decrease in Coverage Limits

Dear [Policyholder Name],

This letter serves as formal acknowledgment of your request to decrease the coverage limits on your Business Owner Policy (BOP), number [Policy Number].

Per your instructions, the following changes have been processed effective [Effective Date]:

- **Previous [Coverage Type] Limit:** \$[Amount]
- **New [Coverage Type] Limit:** \$[Amount]

Please be advised that reducing your coverage limits may increase your business's financial exposure in the event of a loss. By signing below or maintaining this policy, you acknowledge that you understand these changes and that the reduced limits were requested by you or your authorized representative.

An updated Policy Endorsement reflecting these changes is attached for your records. Please review the document carefully to ensure all information is correct.

If you have any questions regarding how these changes affect your overall protection, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Insurance Company/Agency Name]

Policyholder Acknowledgment:

I confirm that I have requested the decrease in coverage limits described above.

Signature of Insured

Date