

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Re: Approval of Endorsement - Decrease in Professional Liability Coverage Limits

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Policyholder Name],

This letter serves as formal notification that your request to decrease the coverage limits on your Professional Liability insurance policy has been approved and processed.

The coverage limits have been amended as follows:

- **Previous Limit:** \$[Amount] per claim / \$[Amount] aggregate
- **New Limit:** \$[Amount] per claim / \$[Amount] aggregate

Please find the enclosed endorsement document, which should be attached to your original insurance policy. We recommend reviewing this document carefully to ensure you understand the revised scope of your protection.

As a result of this reduction in coverage, a premium adjustment has been applied. [Optional: A refund of \$[Amount] will be issued / Your revised premium schedule is attached].

If you have any questions regarding this change or your policy in general, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name/Signature]

[Your Title]

[Insurance Company Name]