

[Company Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Policyholder Name]  
[Address Line 1]  
[City, State, Zip Code]

**Re: Acknowledgment of Inland Marine Coverage Limit Decrease**

**Policy Number:** [Policy Number]

**Endorsement Effective Date:** [Effective Date]

Dear [Policyholder Name],

This letter serves as formal acknowledgment of your request to decrease the coverage limits on your Inland Marine insurance policy. We have processed the requested changes, and the following endorsement has been applied to your policy:

- **Item/Equipment Description:** [Description of Item]
- **Previous Limit:** \$[Amount]
- **New Limit:** \$[Amount]

Please review the enclosed endorsement document carefully to ensure the new limits accurately reflect your current requirements. These changes may result in a premium adjustment, which will be reflected in your next billing statement.

It is important to ensure that your property remains adequately insured based on its current market value or replacement cost. If you have any questions regarding this decrease or if you need to make further adjustments, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Sender Name]  
[Title]  
[Company Name]

Enclosure: Endorsement Schedule