

Date: [Insert Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Confirmation of Decrease in Cyber Liability Coverage Limits

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that we have processed your request to decrease the coverage limits on your Cyber Liability Insurance policy.

The updated endorsement reflects the following changes to your policy limits:

- **Previous Limit:** \$[Insert Amount]
- **New Limit:** \$[Insert Amount]
- **Effective Date of Change:** [Insert Date]

Please find the attached endorsement document which outlines the revised terms and conditions. We recommend that you review this document carefully and file it with your original insurance policy.

As a result of this reduction in coverage, your premium has been adjusted. [Insert details regarding refund or credit if applicable].

If you have any questions regarding these changes or require further assistance, please contact your account manager at [Insert Phone Number] or via email at [Insert Email Address].

Sincerely,

[Your Name/Representative Name]

[Title]

[Insurance Company Name]