[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Insurance Agent Name (if known)]
[Insurance Company Address]
[City, State, Zip Code]

RE: Request to Reduce Uninsured/Underinsured Motorist Coverage
Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request a reduction in the Uninsured Motorist (UM) and Underinsured Motorist (UIM) coverage limits on my auto insurance policy, effective [Date you want change to start].

Currently, my policy carries UM/UIM limits of [Current Limits]. I would like to reduce these limits to [New Requested Limits, e.g., State Minimums or a specific dollar amount].

I understand that by reducing this coverage, I am limiting the amount my insurance company will pay for damages caused by a driver who has no insurance or insufficient insurance. I accept the risks associated with this reduction in coverage.

Please update my policy accordingly and send me a revised declarations page reflecting these changes and the adjusted premium amount. If there are specific state-mandated forms or waivers that I need to sign to finalize this request, please provide them to me as soon as possible.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]