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

[Date]

[Insurance Company Name]
[Insurance Agent/Department Name]
[Address]
[City, State, Zip Code]

Subject: Request to Reduce Policy Coverage Limits - Policy Number: [Your Policy Number]

Dear [Name of Agent or Customer Service Representative],

I am writing to formally request a reduction in the coverage limits for my [Type of Insurance, e.g., Auto, Home, Umbrella] insurance policy, effective [Requested Date].

I would like to make the following changes to my current coverage:

- **[Type of Coverage 1]:** Reduce from $[Current Limit] to $[New Requested Limit]
- **[Type of Coverage 2]:** Reduce from $[Current Limit] to $[New Requested Limit]

Please review these changes and provide me with an updated summary of my policy benefits and the new premium amount. If there are any forms or additional documents required to process this request, please send them to me at your earliest convenience.

I understand that reducing my coverage limits may increase my financial responsibility in the event of a claim.

Thank you for your assistance with this matter. I look forward to receiving confirmation of these changes.

Sincerely,

[Your Signature]
[Your Printed Name]