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

[Date]

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

Subject: Confirmation of Coverage Limit Decrease - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to confirm that we have processed your request to decrease the coverage limits on your insurance policy, effective [Effective Date].

The updated coverage details are as follows:

- **Coverage Type:** [Type of Coverage, e.g., Liability]
- **Previous Limit:** [Amount]
- **New Limit:** [Amount]

Please note that this change may affect your premium amount. A revised billing statement or an endorsement page reflecting these changes will be sent to you shortly. We recommend reviewing your policy documents carefully to ensure the new limits meet your current needs.

If you have any questions regarding this change or if you did not authorize this request, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department]
[Company Name]