[Date]

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

Subject: Confirmation of Auto Insurance Coverage Limit Decrease

Dear [Policyholder Name],

This letter confirms that we have processed your request to decrease the coverage limits on your auto insurance policy, number [Policy Number], effective [Effective Date].

The following changes have been made to your policy limits:

- **Bodily Injury Liability:** Decreased from $[Old Limit] to $[New Limit]
- **Property Damage Liability:** Decreased from $[Old Limit] to $[New Limit]
- **Uninsured/Underinsured Motorist:** Decreased from $[Old Limit] to $[New Limit]
- **[Other Coverage Type]:** Decreased from $[Old Limit] to $[New Limit]

As a result of these changes, your new premium amount is $[New Premium Amount], effective [Billing Date].

Please review these changes carefully. Lowering your coverage limits increases your personal financial responsibility in the event of a significant accident. If these limits no longer meet your needs or if you have any questions, please contact your agent at [Phone Number].

An updated Policy Declarations page will be mailed to you shortly.

Sincerely,

[Agent/Representative Name]
[Insurance Company Name]
[Contact Information]