[Company Letterhead]

[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Confirmation of Commercial Liability Coverage Limit Decrease

Policy Number: [Policy Number]
Effective Date of Change: [Effective Date]

Dear [Policyholder Name],

This letter serves as formal confirmation that, per your request on [Request Date], we have processed a decrease in the coverage limits for your Commercial General Liability policy.

The revised limits are as follows:

- **General Aggregate:** $[New Amount]
- **Each Occurrence:** $[New Amount]
- **Products/Completed Operations Aggregate:** $[New Amount]
- **Personal and Advertising Injury:** $[New Amount]

Please note that reducing your liability limits may result in lower premium costs; however, it also increases your business's financial exposure in the event of a claim exceeding these new limits. We recommend reviewing these changes with your legal or financial advisor to ensure this level of protection remains adequate for your operations.

An updated Policy Endorsement reflecting these changes is enclosed with this letter. Please keep this document with your original policy files.

If you have any questions or require further adjustments, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company/Agency Name]