[Date]

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

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

Dear [Client Name],

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

Summary of Changes:

- **Previous Limit:** $[Amount]
- **New Limit:** $[Amount]
- **Effective Date:** [Date]

Please find the enclosed updated Policy Declaration page reflecting these changes. We recommend that you review this document carefully to ensure it aligns with your current requirements.

Important Notice: Please be aware that reducing your coverage limits may increase your financial exposure in the event of a claim. By requesting this decrease, you acknowledge that you understand the potential risks associated with lower coverage levels.

If you have any questions regarding this adjustment or if you would like to discuss your coverage options further, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]