[Date]

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

Subject: Confirmation of Policy Endorsement and Coverage Limit Decrease

Dear [Policyholder Name],

This letter serves as formal confirmation that we have processed the requested changes to your insurance policy, effective as of [Effective Date].

Policy Details:

- Policy Number: [Policy Number]
- Policy Type: [Type of Insurance]
- Endorsement Reference: [Endorsement Number]

Summary of Coverage Decrease:

As per your request, the coverage limits have been adjusted as follows:

- Previous Limit: [Amount]
- New Limit: [Amount]

Please note that this decrease in coverage may result in a reduction of your premium. An updated billing statement or a refund for the prorated difference will be issued separately.

Attached to this letter, you will find the formal Endorsement Schedule. We recommend that you review this document carefully and keep it with your original policy files.

If you have any questions regarding these changes or if you believe there is an error, please contact your agent or our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]