[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 confirms that your request to decrease the coverage limits on your [Policy Type, e.g., Homeowners/Auto] insurance policy has been processed for the upcoming renewal period effective [Renewal Date].

The following changes have been applied to your policy:

- **Previous Limit:** $[Amount]
- **New Limit:** $[Amount]
- **New Premium Amount:** $[Amount]

Please review your enclosed renewal Declaration Page for a full summary of your updated coverage and terms. It is important to ensure that these lower limits still meet your financial requirements and any contractual obligations you may have with lenders or third parties.

If you have any questions regarding these changes or wish to adjust your coverage further, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department Name]
[Company Name]