[Date]

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

Subject: Confirmation of Decrease in Umbrella Policy Coverage Limit

Dear [Policyholder Name],

This letter serves as formal confirmation that we have processed your request to decrease the coverage limit on your Personal Umbrella Liability Policy.

Policy Details:

- **Policy Number:** [Policy Number]
- **Previous Coverage Limit:** $[Amount]
- **New Coverage Limit:** $[Amount]
- **Effective Date of Change:** [Date]

Due to this reduction in coverage, your policy premium has been adjusted. Please find the details below:

- **New Annual Premium:** $[Amount]
- **Refund/Credit Amount (if applicable):** $[Amount]

Please review your updated Policy Declarations page, which is enclosed with this letter. Ensure that the new limit still meets any requirements set by your underlying insurance policies or financial obligations.

If you have any questions regarding this change or if you would like to discuss your coverage options further, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]