[Company Header/Logo]

[Date]

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

Subject: Confirmation of Decrease in Workers' Compensation Coverage Limits

Dear [Policyholder Name],

This letter serves as formal confirmation that we have processed your request to decrease the coverage limits on your Workers' Compensation insurance policy.

Policy Details:

- **Policy Number:** [Policy Number]
- **Effective Date of Change:** [Date]
- **Previous Employers' Liability Limits:** [Previous Amount]
- **New Employers' Liability Limits:** [New Lower Amount]

Please find the enclosed Amended Declarations Page, which reflects these changes to your policy. We recommend reviewing this document carefully to ensure the new limits align with your current business requirements and any contractual obligations you may have with third parties.

As a result of this reduction in coverage, your premium has been adjusted. [Select one: A credit will be applied to your account / Your updated billing statement is attached].

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

Thank you for choosing [Insurance Company Name].

Sincerely,

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