

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Policy Limits Revision - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that the coverage limits for your insurance policy have been revised as per your request on [Date of Request].

The updated limits are outlined below:

- **Coverage Type:** [e.g., Liability/Property]
- **Previous Limit:** \$[Amount]
- **New Limit:** \$[Amount]
- **Effective Date of Change:** [Date]

Please review the enclosed/attached Amended Declarations Page for a comprehensive breakdown of your updated coverage and any resulting adjustments to your premium. The revised premium amount of \$[Amount] will be reflected in your next billing cycle.

All other terms and conditions of your policy remain in full force and effect. We recommend filing this confirmation with your original policy documents.

If you have any questions regarding these changes or require further assistance, please contact your agent at [Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]