

Policy Coverage Clarification

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

Dear [Recipient Name],

We are writing to clarify certain limitations regarding your policy coverage under policy number [Insert Policy Number]. It is important to understand these limitations in order to ensure your expectations align with the coverage provided.

The following limitations apply to your current policy:

- **Coverage Exclusion:** [Detail any exclusions applicable to the policy]
- **Deductibles:** [Explain deductible amounts and applicable conditions]
- **Caps on Coverage:** [Specify any limits on coverage amounts]
- **Conditions of Coverage:** [Outline any necessary conditions that must be met for coverage]

If you have any further questions regarding your policy or the limitations stated above, please do not hesitate to reach out to us at [Insert Contact Information]. We are here to assist you.

Thank you for choosing [Company Name].

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]