

[Company Header/Logo]

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: Notice of Endorsement - Commercial Property Deductible Modification

Policy Number: [Policy Number]

Effective Date: [Effective Date]

Dear [Policyholder Name],

This letter serves as formal notification that a Deductible Modification Endorsement has been applied to your commercial property insurance policy referenced above.

Please review the enclosed endorsement documentation carefully. This modification changes the deductible amounts applicable to specific perils or locations covered under your policy. The primary updates are as follows:

- **Modified Peril/Coverage:** [e.g., Windstorm/Hail, All Other Perils]
- **Previous Deductible:** [Amount or Percentage]
- **New Deductible:** [Amount or Percentage]

These changes will take effect on [Effective Date]. This endorsement is now part of your insurance contract and should be kept with your original policy documents.

If you have any questions regarding how this modification affects your premium or your coverage limits, please contact your insurance agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name] for your commercial property needs.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]

Enclosure: [Form Number/Endorsement Copy]