

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Notice of Endorsement - Commercial Auto 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 added to your Commercial Auto insurance policy referenced above.

The following changes have been applied to your coverage:

- **Modified Coverage:** [e.g., Comprehensive / Collision]
- **Previous Deductible:** \$[Amount]
- **New Deductible Amount:** \$[Amount]
- **Specific Conditions:** [e.g., Applies only to specified vehicles / Driver safety credit applied]

Please review the attached endorsement document carefully as it outlines the specific terms and conditions governing this modification. This change may result in a premium adjustment, which will be reflected in your next billing statement.

All other terms, conditions, and exclusions of your policy remain unchanged. We recommend filing this letter and the attached endorsement with your original policy documents.

If you have any questions regarding this modification or wish to discuss your coverage further, please contact your insurance agent at [Phone Number] or [Email Address].

Sincerely,

[Name of Sender]

[Title]

[Insurance Company Name]