

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Policyholder Name]  
[Mailing Address]  
[City, State, Zip Code]

**RE: Notice of Endorsement - Earthquake Coverage Deductible Modification**

Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal notification that an endorsement has been applied to your insurance policy regarding the Earthquake Coverage deductible.

Please review the modification details below:

- **Previous Deductible:** [Old Percentage/Amount]
- **New Deductible:** [New Percentage/Amount]
- **Effective Date:** [Date]

The deductible for earthquake coverage is typically calculated as a percentage of the total limit of insurance for the specific coverage (such as Dwelling or Personal Property). This modification may change your out-of-pocket costs in the event of a covered earthquake claim.

The enclosed endorsement page provides the full legal language and specific terms of this change. We recommend that you keep this document with your original policy files.

If you have any questions regarding how this deductible is applied or if you wish to discuss different deductible options, please contact your agent at [Agent Phone Number] or our customer service department.

Thank you for choosing [Company Name].

Sincerely,

[Name/Signature]  
[Title]  
[Company Name]