

[Company Letterhead]

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Re: General Liability Deductible Modification Endorsement

Policy Number: [Your Policy Number]

Effective Date: [Effective Date of Change]

Dear [Policyholder Name],

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

Based on our recent [agreement/renewal/underwriting review], your policy deductible has been modified as follows:

- **Previous Deductible Amount:** \$[Previous Amount]
- **New Deductible Amount:** \$[New Amount]
- **Deductible Type:** [Per Occurrence / Per Claim]

This modification applies to all covered claims occurring on or after the effective date mentioned above. Please note that this endorsement changes the financial portion of your responsibility in the event of a loss, but all other terms, conditions, and exclusions of the original policy remain in full force and effect.

We have enclosed the formal endorsement document for your records. Please review it carefully and attach it to your existing policy paperwork.

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

Sincerely,

[Name of Authorized Representative]

[Title]

[Insurance Company Name]