

[Date]

[Insurance Company Name]

[Underwriting Department]

[Address Line 1]

[City, State, Zip Code]

RE: Workers Compensation Deductible Modification Endorsement

Policy Number: [Your Policy Number]

Insured Name: [Your Company Name]

To Whom It May Concern,

Please accept this letter as a formal request to add a Deductible Modification Endorsement to our Workers Compensation insurance policy, effective [Requested Effective Date].

We wish to elect the following deductible option:

- **Deductible Amount per Claim:** \$[Amount]
- **Aggregate Deductible Limit (if applicable):** \$[Amount]

We understand that by applying this deductible, [Your Company Name] assumes financial responsibility for losses up to the stated amount. We acknowledge that the insurance carrier will pay the full claim amount initially and will subsequently seek reimbursement from us for the deductible portion. In exchange for this modification, we expect the corresponding premium credit to be applied to our policy.

Please provide a revised declaration page and the formal endorsement documentation once this change has been processed. If additional financial documentation or security (such as a Letter of Credit) is required to approve this request, please notify us immediately.

Thank you for your assistance with this matter.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Phone Number]

[Email Address]