

[Your Name/Organization Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Company Name]  
[Agent or Contact Person Name]  
[Insurance Company Address]  
[City, State, Zip Code]

**RE: Request for Policy Endorsement - Deductible Increase**

**Policy Number:** [Your Policy Number]

**Effective Date of Change:** [Desired Date]

To Whom It May Concern,

I am writing to formally request a modification endorsement to my current insurance policy referenced above. I would like to increase my deductible to reduce the overall premium cost of the policy.

Please update the deductible for the following coverage(s):

- [Type of Coverage, e.g., Property/Collision]: Increase from \$[Current Amount] to \$[New Amount]
- [Type of Coverage, e.g., General Liability]: Increase from \$[Current Amount] to \$[New Amount]

I understand that by increasing my deductible, I am assuming a higher portion of the financial responsibility in the event of a covered loss.

Please provide a revised declaration page and an updated premium quote reflecting this change as soon as possible. Once the endorsement is processed, please send a written confirmation for my records.

If you require any further information or additional documentation to finalize this request, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]