

Date: [Insert Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Approval of Deductible Decrease Modification Endorsement

Dear [Policyholder Name],

We are pleased to inform you that your request to decrease the deductible on your policy has been approved. This change has been formalized through the attached Deductible Decrease Modification Endorsement.

Policy Details:

- Policy Number: [Insert Policy Number]
- Effective Date of Change: [Insert Date]
- Previous Deductible: [Insert Amount]
- New Deductible: [Insert Amount]

Please note that lowering your deductible may result in an adjustment to your premium amount. An updated billing statement reflecting these changes is enclosed for your review.

We recommend that you attach this endorsement to your original policy documents for your records. All other terms, conditions, and exclusions of your policy remain unchanged.

If you have any questions regarding this modification or your coverage, please contact your agent or our customer service department at [Insert Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]