

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

**Subject: Confirmation of Deductible Modification Endorsement**

Policy Number: [Policy Number]

Effective Date of Change: [Effective Date]

Dear [Insured Name],

This letter serves as formal confirmation that your request to modify the deductible on the above-referenced insurance policy has been processed.

The following changes have been applied to your coverage:

- **Previous Deductible:** \$[Amount]
- **New Deductible:** \$[Amount]

Please find the enclosed Endorsement document which outlines the specific terms and updated premium details resulting from this modification. We recommend attaching this document to your original policy for your records.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]