

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Agent or Department Name]

[Address]

[City, State, Zip Code]

RE: Cancellation of Deductible Modification Endorsement

Policy Number: [Your Policy Number]

Effective Date of Cancellation: [Requested Date]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the Deductible Modification Endorsement currently attached to the above-referenced insurance policy, effective as of [Date].

I request that the policy be reverted to the standard deductible options as previously established or as per the following specifications: [Optional: Specify New Deductible Amount].

Please provide a written confirmation of this change and an updated policy declaration page reflecting the adjusted premium and deductible amounts. If a pro-rata refund of the endorsement premium is applicable, please issue it to the billing address on file.

Should you require any further information to process this request, please contact me directly at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

[Title, if applicable]