[Current Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Re: Endorsement to Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter serves as formal notification that a Deductible Modification Endorsement has been applied to your Tools and Equipment Floater coverage, effective [Effective Date].

As per your request and subsequent agreement, the deductible amounts for scheduled and/or unscheduled items under this floater have been adjusted as follows:

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

This modification applies to all covered losses occurring on or after the effective date mentioned above. Please review the attached endorsement schedule for specific details regarding how this deductible applies to various classes of equipment or specific high-value items listed on your policy.

All other terms, conditions, and exclusions of your original policy remain unchanged. We recommend filing this document with your existing insurance policy records.

If you have any questions regarding this change or require further clarification on your coverage, please contact your agent at [Agent Phone Number] or email [Agent Email Address].

Sincerely,

[Underwriter Name/Signature]
[Insurance Company Name]
[Department Name]