

[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Confirmation of Changes to Your Auto Insurance Deductible

Dear [Customer Name],

This letter confirms that we have processed the requested changes to your auto insurance policy, number **[Policy Number]**, effective **[Effective Date]**.

As requested, your deductible amounts have been updated as follows:

- **Comprehensive Deductible:** Changed from \$[Old Amount] to \$[New Amount]
- **Collision Deductible:** Changed from \$[Old Amount] to \$[New Amount]

Please note that these changes may result in an adjustment to your premium. You will receive an updated policy declaration page and a revised billing statement via [mail/email] within [Number] business days.

We recommend that you review your updated documents to ensure all information is correct. If you have any questions regarding this change or your coverage, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name/Customer Service Department]
[Insurance Company Name]