

[Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Confirmation of Deductible Decrease for Policy #[Policy Number]

Dear [Insured Name],

This letter is to confirm that we have processed your request to decrease the deductible on your [Policy Type, e.g., Auto/Home] insurance policy.

Updated Coverage Details:

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

Please note that reducing your deductible increases the amount the insurance company pays in the event of a covered claim, which typically results in an adjustment to your premium amount. Your updated premium is \$[Amount] per [Billing Period].

Enclosed is your updated Policy Declarations page. Please review this document carefully and keep it with your records.

If you have any questions regarding this change or your coverage, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Agent/Representative Name]
[Company Name]