

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: Confirmation of Change to Earthquake Insurance Deductible

Dear [Policyholder Name],

This letter confirms that we have processed the requested change to the earthquake coverage deductible on your insurance policy.

Policy Number: [Policy Number]

Effective Date of Change: [Date]

Updated Coverage Details:

- Previous Earthquake Deductible: [Old Percentage/Amount]
- New Earthquake Deductible: [New Percentage/Amount]
- New Total Annual Premium: [Amount] (if applicable)

Please note that earthquake deductibles are typically calculated as a percentage of the total insured limit of the building, rather than a flat dollar amount. This deductible applies specifically to losses caused by seismic events as defined in your policy documents.

Attached you will find your updated Policy Declarations Page. We recommend that you keep this document with your permanent insurance records. Please review the details carefully to ensure they align with your request.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]