

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Confirmation of Deductible Change - Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that we have processed the requested change to the deductible (Self-Insured Retention) on your Personal Umbrella Liability Policy.

Updated Policy Details:

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

Please note that this change may result in an adjustment to your premium. An updated declarations page reflecting this change is enclosed with this letter. We recommend that you keep this document with your existing policy records.

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

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]