

[Your Company™'s Name]

[Company Address Line 1]

[Company Address Line 2]

[City, State, ZIP]

[Phone Number]

Date: [Date]

To:

[Client Name]

[Client Address Line 1]

[Client Address Line 2]

[City, State, ZIP]

Subject: Deductible Adjustment Endorsement Letter

Dear [Client Name],

This letter serves as an official endorsement to adjust the deductible for the insurance policy referenced below:

- **Policyholder Name:** [Policyholder Name]
- **Policy Number:** [Policy Number]
- **Effective Date of Change:** [Effective Date]
- **Original Deductible:** [Original Deductible]
- **New Deductible:** [New Deductible]

This endorsement modifies the above-referenced policy by replacing the original deductible amount with the new deductible amount stated above. All other terms, conditions, and exclusions of the policy remain unchanged.

If you have any questions regarding this endorsement, please feel free to contact our office.

Sincerely,

[Authorized Representative™'s Name]

[Title]

[Your Company™'s Name]

Date: _____