

# Deductible Adjustment Auto Insurance Endorsement

Policy Number: \_\_\_\_\_

Endorsement Number: \_\_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insured Name: \_\_\_\_\_

Vehicle(s) Covered: \_\_\_\_\_

## Endorsement Description

This endorsement modifies the insurance provided under your **Auto Insurance Policy** as follows:

The deductible amount applicable to covered loss or damage to your insured vehicle(s) is hereby amended. All other terms, conditions, and exclusions of the policy remain unchanged except as modified by this endorsement.

## Schedule of Deductible Adjustment

Coverage Type	Original Deductible	New Deductible
Comprehensive	\$ _____	\$ _____
Collision	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____

## Authorized Signatures

Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_