

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: ____/____/____