

Earthquake Insurance Policy Modification

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Address: [Insert Address]

Dear [Insert Policyholder Name],

We are writing to inform you of the modifications made to your earthquake insurance policy effective [Insert Effective Date]. Your continued protection and peace of mind are our top priorities.

Policy Modifications:

- Increased coverage limit to [Insert Amount]
- Deductible adjustment to [Insert Amount]
- New coverage for additional living expenses
- Updated exclusions and conditions

Please review the attached policy documents for detailed information about these modifications.

If you have any questions or require further assistance, do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name]. We value your trust in us.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]