

Annual Insurance Deductibles Report

Date: [Insert Date]

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are conducting our annual review of insurance deductibles as part of our risk management strategy. Please find below the details of the deductibles for the current policy year:

Policy Information

Policy Number: [Insert Policy Number]

Effective Date: [Insert Effective Date]

Expiration Date: [Insert Expiration Date]

Deductibles Summary

Type of Coverage	Deductible Amount
Property Damage	[\$[Insert Amount]]
Liability	[\$[Insert Amount]]
Comprehensive	[\$[Insert Amount]]
Collision	[\$[Insert Amount]]

It is important to review these deductible amounts to ensure our coverage remains adequate for our needs. If you have any questions or require further clarification, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]