

Inquiry for Extension of Premium Payment Deadline

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an extension on my upcoming premium payment due on [due date]. Due to [brief explanation of your circumstances], I am currently unable to meet the scheduled payment.

I value my insurance policy and wish to maintain my coverage without interruption. I would greatly appreciate it if you could consider granting me an extension of [number of days/weeks] to complete the payment.

Thank you for considering my request. I look forward to your understanding and support regarding this matter. Please feel free to contact me at [your phone number] or [your email address] if you need any further information.

Warm regards,

[Your Name]