

# Request for Premium Payment Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request an extension for my premium payment due on [Insert Due Date] for policy number [Insert Policy Number]. Due to [brief explanation of circumstances, e.g., financial hardship, unexpected expenses], I am unable to make the payment by the due date.

I kindly ask for your consideration in granting an extension until [Insert New Requested Payment Date]. I assure you that I will take all necessary steps to ensure the premium payment is made by this date.

Thank you for your understanding and support in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]