

Letter of Petition for Extended Premium Payment Terms

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request an extension of the premium payment terms for my insurance policy ([Policy Number]). Due to [brief explanation of your situation, e.g., unforeseen financial difficulties, medical expenses, job loss], I am currently experiencing challenges in meeting the existing payment schedule.

As a longstanding customer of [Insurance Company Name], I have always valued the coverage and support provided. I kindly request an adjustment in the terms of my premium payments. An extension would greatly assist me in managing my finances while ensuring that I continue to enjoy the benefits of my insurance coverage.

I am hoping to discuss options for [specific request, e.g., an extension of 3 months, reduction in payment amounts], and I am open to any suggestions that could assist in this matter. I assure you that my intention is to uphold my commitments and I am dedicated to finding a solution that works for both parties.

Thank you for considering my request. I look forward to your prompt response and hope to resolve this matter amicably.

Sincerely,

[Your Name]