

Request for Premium Payment Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[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 for my premium payment due on [Insert Due Date] for policy number [Insert Policy Number]. Due to [briefly explain your reason], I am unable to make this payment on time.

I kindly ask for an extension until [Insert New Requested Due Date] to ensure that I can fulfill my obligation without interruption to my coverage. I appreciate your understanding of my situation and hope for your favorable consideration.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]