

# Letter of Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

## **Subject: Appeal for Consideration of Policy Grace Period**

Dear [Recipient's Name/Customer Service],

I am writing to formally appeal for consideration regarding the grace period of my policy number [Your Policy Number]. Due to [briefly explain your situation, e.g., unexpected circumstances, financial hardship], I was unable to make my payment by the due date.

I have been a loyal policyholder since [Year], and I have always strived to maintain good standing with your company. The situation that led to my late payment was unforeseen and temporary, and I am committed to rectifying this issue as soon as possible.

I kindly request that you grant me a grace period to allow for the completion of my payment without any penalty, ensuring I can continue to benefit from my coverage. I am willing to discuss this matter further and provide any documentation to support my appeal.

Thank you for considering my request. I appreciate your understanding and support during this difficult time.

Sincerely,

[Your Name]