

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Insurance Company Name

Company Address

City, State, Zip Code

Subject: Demand for Retention of Policy Grace Period

Dear [Insurance Company Representative's Name],

I am writing to formally demand the retention of my policy grace period for policy number [Policy Number]. I understand that there are certain procedures and timelines relevant to insurance policies, and I would like to request that you review my case in light of the circumstances that led to my current situation.

Due to [brief explanation of circumstances, e.g., financial difficulties, medical emergencies], I was unable to meet my premium payment deadline on [specific date]. I respectfully ask that you consider extending the grace period applicable to my policy so that I may maintain my coverage without any interruptions.

Maintaining this policy is critical for me, and I appreciate your understanding. Please let me know if any documentation is required or if there is an alternative solution we can discuss. I am willing to cooperate fully to resolve this matter amicably.

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

Sincerely,

[Your Name]