

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[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 a grace period for my policy number [Your Policy Number], which is currently due for renewal on [Due Date].

Due to [briefly explain your reason, e.g., unexpected financial difficulty, health issues, etc.], I am unable to meet the payment deadline. I am committed to maintaining my coverage and appreciate your understanding of my situation.

I kindly request a grace period of [number of days/weeks] to settle my premium. Your consideration in this matter would greatly alleviate my distress and help me remain in compliance with my policy.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,
[Your Name]