

Letter of Acknowledgment for Delayed Premium and Appeal for Grace Period

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally acknowledge the delay in the payment of my insurance premium for policy number [Your Policy Number]. Due to [brief explanation of the reason for the delay, e.g., financial difficulties, personal circumstances], I was unable to make the payment by the due date of [Due Date].

Understanding the policies in place, I would like to request a grace period for the payment of the outstanding premium. This request stems from my commitment to uphold my obligations and to maintain my coverage without interruption. I assure you that I am taking the necessary steps to rectify this situation and ensure future timely payments.

I appreciate your understanding and consideration regarding this matter. Please let me know if there are any forms or additional information required to process my request.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]