

Apology for Missed Premium Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to sincerely apologize for not being able to make the premium payment due on [insert due date]. Unfortunately, due to [brief explanation of reason, e.g., financial difficulties, illness], I was unable to fulfill my obligation on time.

I value my policy and the coverage it provides, and I am committed to maintaining a good standing with your company. I kindly request an extension of the payment deadline to allow me to make the necessary payment. I propose to make the payment by [insert proposed date].

Thank you for your understanding and consideration of my request. I appreciate your support during this challenging time and look forward to resolving this matter promptly.

Sincerely,

[Your Name]