

# Letter of Demand for Rider Extension

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Demand for Rider Extension on Existing Coverage

Dear [Insurance Agent's Name or Customer Service Department],

I hope this letter finds you well. I am writing to formally request the extension of the rider on my existing insurance policy, number [Your Policy Number].

Due to [briefly explain reason for demand, e.g., changes in circumstances, additional needs], I believe that extending the rider is necessary to ensure adequate coverage.

I kindly ask you to process this request at your earliest convenience. Please let me know if any additional information is required to facilitate this extension.

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

Sincerely,

[Your Name]