

Accident Forgiveness Insurance Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I hope this message finds you well. I am writing to formally request the Accident Forgiveness option for my auto insurance policy, which I recently renewed under policy number [Insert Policy Number].

As a valued customer with [number of years] of continuous coverage, I believe I meet the eligibility criteria for this benefit. This coverage will provide peace of mind knowing that my first at-fault accident will not result in an increase in my premium.

Attached with this letter are all necessary documents that may aid in processing my application. Please let me know if any further information is needed.

Thank you for your attention to this matter. I look forward to your prompt response confirming my accident forgiveness coverage.

Sincerely,

[Your Name]